

Supplementary Estimates 2016-17 Health portfolio index of questions on notice

PDR No	Outcome	Senator	Broad Topic	Question	Hansard/Ref
SQ16-000372	0 - Whole of Portfolio	Polley	Medicare Freeze	Senator POLLEY: I would imagine you do, but I just wondered if there had been any discussion about lifting it. Have you contributed modelling and information to inform Treasury costings in relation to the Medicare freeze being lifted? You have done none of that? Mr Bowles: I would have to take that on notice. Over time we would have provided information to Treasury, but there is nothing specific at the moment that I am aware of on that.	5 - 19/10/2016
SQ16-000373	0 - Whole of Portfolio	Polley	Budget Measures	Senator POLLEY: In preparation for the budget, did the department prepare a cabinet submission for each of the measures in the 2014-15 budget? Mr Bowles: Again, I would have to take on notice specifically how all that went. It was before my time, so I cannot recall specifically. I can take that on notice, but the normal process would be yes	6 - 19/10/2016
SQ16-000374	0 - Whole of Portfolio	Polley	MBS/PBS Claims	Senator POLLEY: The decision to progress on outsourcing the MBS and the PBS claims and payments must have come from cabinet. Is that correct? Is that your understanding? Mr Bowles: Not necessarily. Again, I would have to take it on notice because it is before my time, but it was a decision of the 2014-15 budget to look at an assessment of the claims and payments system for Medicare and to come up with a solution. That was way back in 2014, as we said, and a range of other things have happened since that time.	6 - 19/10/2016
SQ16-000375	0 - Whole of Portfolio	Polley	Expression of Interest	Senator POLLEY: How many responses were there in response to the expression of interest back in 2014? Would you have that information? Mr Bowles: I could take that on notice. There were more than eight, but I think for the ones that met the criteria—there was a round eight, from memory. But there were a lot more than that who originally put in an EOI from my recollection. I can take that on notice as to the specific number. Senator POLLEY: That would be appreciated. Did Telstra respond to the expression of interest? Mr Bowles: Not to my recollection. Again, I can take that on notice.	7 - 19/10/2016
SQ16-000376	0 - Whole of Portfolio	Watt	Payments	Senator WATT: I perfectly accept that, but you are saying that the department's final advice—the submission, a briefing note or whatever it was—recommending this approach was provided to the minister some weeks ago? Mr Bowles: It would be in the last few weeks. We have provided advice over time since the election, but there have been constant conversations about trying to work out how to look at the co-design concepts. That has been happening over the last few weeks. I could not tell you exactly when the last piece of advice was. I could take that on notice.	8 - 19/10/2016
SQ16-000377	0 - Whole of Portfolio	Smith	MBS Freeze	Senator SMITH: I was asking you to verify the accuracy of this statement by Tanya Plibersek—'Doctors earn enough money to bear the federal government's controversial freeze on MBS rebates'—which she made on 22 May 2013. It is in Australian Doctor. You can make sure that I have quoted it accurately, Mr Stuart? Mr Bowles: We will take that on notice.	13 - 19/10/2016

<p>SQ16-000378</p>	<p>0 - Whole of Portfolio</p>	<p>Di Natale</p>	<p>Flexible Funds</p>	<p>Senator DI NATALE: The challenge for us now is to work out what the previous structure looked like, with the funding, compared to what you have done now. I suspect you will not be able to provide us with this information today. Perhaps that is not the case. I suspect you anticipated this question. I am not sure you have this information at hand. What I would like to see is: what were the flexible funds worth? And I would like a line item of each of those funds. Then I would like an outline of where each of those funds now sit and how much they are being funded—what is the funding envelope for each of those—and how does that compare to the previous structure? You can see where I am coming from. It is very hard for us to make a direct comparison. Mr Bowles: Absolutely. I totally get it. We have provided, in the past, information around the flexible funds. That was not everything, but it was a group of funds that ended up being called flexible funds for some unknown reason. We have, in the past, given you a breakdown of what the spend was, what the budget changes were over time, and got to a point in time. I think it will be difficult because we tried to get them into relevant programs. You mentioned earlier that it was a mixed bag of things that did not necessarily relate that well. Some of them will have been broken down; some of them will have directly transferred into the program area, and we have probably moved down that pathway. I can take on notice to try to give you how it all crosses over. If you look at—and you will not have this there; this is just for your reference—the portfolio budget statement of 2016-17, on page 32, it looks at the outcome structure changes. Then on page 34 it does the mapping of the 2015-16 and 2016-17 outcome and program structure. That will give you a bit of an idea of how that happens. It does not give you money; it just shows you how we have tried to track the mapping. We tried to do that. You will find that on pages 34 through to 36. It maps the old 11 outcomes and tries to deal with it in that way.</p>	<p>16 - 19/10/2016</p>
<p>SQ16-000379</p>	<p>0 - Whole of Portfolio</p>	<p>Di Natale</p>	<p>Flexible Funds</p>	<p>Senator DI NATALE: I would like to be clear about this. I understand the rationale and, yes, if we assume the best of intentions, then there is certainly logic to it, but obviously, if we want to take a more sceptical approach, it is an opportunity to make some significant cuts and, in our position, we are unable to track those. What I am asking on notice, very clearly—and please tell me if you cannot do this—is to not just map where each of those funds have gone, into what outcome and exactly where they sit, but show how much they were funded in the previous financial year and how much they will be funded in the current financial year. Mr Bowles: We probably will not be able to do that quite specifically, but, in your language— Senator DI NATALE: Why not? Mr Bowles: If we have taken some of the old funds, we have probably put them into three different areas— Senator DI NATALE: So why can't you just say that? Mr Bowles: I can take that on notice and I will explain how that happens. I just do not want to give you any false impression about it. Any cuts to the budget will be budget measures. So you will see them—irrespective. This is about trying to simplify it into the long term, to get away from this notion that everything is flexible, because they are service delivery elements of these programs.</p>	<p>16 - 19/10/2016</p>
<p>SQ16-000380</p>	<p>0 - Whole of Portfolio</p>	<p>Di Natale</p>	<p>Flexible Funds</p>	<p>Mr Bowles: Any changes to the budget would have come up as a budget measure at the time. I just cannot recall, off the top of my head, what ones happened in the context of 2016-17. So we will take that on notice and we will see how we can work it out. I think I understand what you are trying to say. But, because we moved from a flexible funds structure to a different outcome and program structure, does not mean that you will not see the changes; you just will not see the changes in the context of the old flexible funds.</p>	<p>17 - 19/10/2016</p>
<p>SQ16-000381</p>	<p>0 - Whole of Portfolio</p>	<p>Di Natale</p>	<p>Program Cuts</p>	<p>Senator DI NATALE: Can you tell me whether any specific organisations or programs have actually been cut, other than the ones we were aware of at the last estimates hearing? Mr Bowles: I do not believe there is anything other than what we would have talked about at the last estimates. Senator DI NATALE: Could you take that on notice? Mr Bowles: I will take that on notice. But we have not changed the world since the budget, and I cannot think of anything that would have changed since the last budget.</p>	<p>17 - 19/10/2016</p>
<p>SQ16-000382</p>	<p>0 - Whole of Portfolio</p>	<p>Di Natale</p>	<p>Indigenous Funding</p>	<p>Senator DI NATALE: Some Indigenous programs, for example, were no longer funded. Will that continue to be the case? Mr Bowles: I will take that on notice, but what I can say is that Indigenous funding is definitely not cut. There may be changes in programs—I cannot guarantee that—but Indigenous funding is still there and it is a growing and escalating fund.</p>	<p>17 - 19/10/2016</p>

SQ16-000383	0 - Whole of Portfolio	Di Natale	Health Expenditure	Senator DI NATALE: Good. And perhaps on notice, could you give me a breakdown of that? Mr Yannopoulos: Yes, sure. Mr Bowles: Yes. We will break down the key five or six because, literally, the majority of our health spending goes on those four, five or six items.	17 - 19/10/2016
SQ16-000384	0 - Whole of Portfolio	Rice	LGBTI Program Funding	Senator RICE: Have you any examples, findings or things that have come from your pride network that have influenced program design or program approach? Mr Bowles: Not specifically off the top of my head. We did some work recently around Wear it Purple Day and try to understand the discrimination issues not only in a health sense but in a staffing sense, and what that actually means. So there is a whole range of those sorts of things. I can take on notice to have a look at quite specific other examples where it has changed. Senator RICE: I am particularly interested in programs where there is a lot of money being spent—for example, on cancer screening or other preventative health programs—ensuring that they are meeting the needs, particularly where you have a greater prevalence of the disease in the LGBTI community as compared with the general community.	19 - 19/10/2016
SQ16-000385	0 - Whole of Portfolio	Moore	Sustainability Goals	Senator MOORE: Mr Bowles, I spoke with you briefly before. I am wanting to find out what the department's engagement is with the full national response to the sustainability goals. Mr Bowles: I will see if Mr Cormack can help me on this. This goes across a whole range of different areas of the department. Senator MOORE: Absolutely. Mr Bowles: It probably does fit here more than anywhere. Senator MOORE: If there is something that needs to go on notice that is fine as well. I understand that the position is that the Department of Foreign Affairs and Trade is leading the government's response— Mr Bowles: That is correct. Senator MOORE: but they formed an interdepartmental committee. I am really keen to know whether Health are on it. I presume they are. Who is going and what do they see their role as being? Mr Bowles: As you say, Foreign Affairs and Trade are the lead. We get engaged from time to time. As you said, there is some whole-of-government stuff that happens in the background. I am not sure if we will have the answers for your specific questions around that. We can take that on notice. Senator MOORE: Sure.	24 - 19/10/2016
SQ16-000386	0 - Whole of Portfolio	Moore	Sustainability Goals	Senator MOORE: Absolutely. I understand that. I will be talking to DFAT tomorrow. There are two reasons I am particularly talking to Health. One is the issues domestically which we now have to report on. That is a totally new agenda. The second is Health's ongoing engagement internationally. Already through a number of programs Health has been the lead agency in that space. Basically, Mr Williams, rather than taking all of your time, could we get a departmental response on notice on what has been Health's role? Mr Williams: Of course.	25 - 19/10/2016
SQ16-000387	0 - Whole of Portfolio	Moore	Sustainability Goals	Senator MOORE: Can it particularly be in view of the way ongoing work now needs to be mapped against the SDGs into the new line of inquiry? If I could get that back, that would be wonderful. Mr Bowles: Yes, we can take that on notice.	25 - 19/10/2016
SQ16-000389	0 - Whole of Portfolio	Moore	Diabetes Strategy	Prof Murphy: Thank you, Senator Moore—we will take that on notice. Our biggest problem with TB is in the Indigenous population, and that is, obviously, where we are focusing. We are happy to provide some data on the relationship with diabetes. Senator MOORE: That would be great. Thank you very much.	25 - 19/10/2016
SQ16-000390	4 - Individual Health Benefits	Polley	Bulk-Billing	Senator POLLEY: Is the department aware whether or not any doctors or practices have stopped bulk-billing as a result of the freeze? Mr Bowles: I personally do not know of any, and, again, we will look at the system and all the doctors, if you like, and we will notice what happens in the context of bulk-billing rates. We can talk about those, if you like. Mr Stuart can talk about the changes in bulk-billing rates. Senator POLLEY: That is actually not what I am asking. Mr Bowles: But those are the things that I can answer.	26 - 19/10/2016
SQ16-000391	4 - Individual Health Benefits	Polley	Bulk-Billing Rates	Senator POLLEY: Can you give us, then, the breakdown of the states and the bulk-billing rates for each state. Mr Stuart: Senator, I do not know if we have that here. We can do that on notice. What I can tell you is that bulk-billing rates for general practice are above 80 per cent for metro, outer metro, rural and remote. In each case, the bulk-billing rate is above 80 per cent on average across the country in all those different kinds of areas.	26 - 19/10/2016

SQ16-000392	4 - Individual Health Benefits	Polley	Bulk-Billing	<p>Senator POLLEY: which is an issue, considering that our economic picture is much lower than some other states. So can you share with us, then, the percentage of patients who are bulk-billed by their GP, please. Mr Bowles: Again, I think, Senator, it is about the services that we mainly longitudinally track. We can give a mixed picture of some of the patient-related issues. But, of the 385 million transactions that go through MBS, 85.1 per cent of those transactions—or those services, effectively—are bulk-billed. Senator POLLEY: Yes. Mr Bowles: I think it might be a little bit of a complex picture to go to patients, but Mr Stuart did say that the bulk of patients and the bulk of however he described that before are bulk-billed. Senator POLLEY: Yes. So would you be able to then take it on notice to provide that information. Mr Bowles: Yes, we can take it on notice and see what we can provide.</p>	27 - 19/10/2016
SQ16-000393	4 - Individual Health Benefits	Polley	Bulk-Billing Rates	<p>Senator POLLEY: Well, from your point of view it might be services, but from a patient's point of view, if you are looking at Tasmania or WA and the ACT, it is the community who have issues about not having access to bulk-billing. If you are saying that the college of GPs is wrong, then, quite clearly, you must be able to give us the figures that you say they are not including. Mr Bowles: We said we would take that on notice. But we want to be clear that the cleanest way to understand is if we were seeing a drop-off in bulk-billing rates—your example; we could probably explore that a little bit further—but we are not. We are actually still seeing an increase in bulk-billing of services in this country. Again, if I use my example, I would be ticked as a patient who has been bulk-billed, or I will be crossed off because I am not bulk-billed all the time, even though I am bulk-billed some of the time. I think that is Mr Stuart's point. We will take it on notice and will try and come up with that picture for you. But it is not as clean and it is not as true as understanding the services that are bulk-billed.</p>	28 - 19/10/2016
SQ16-000394	4 - Individual Health Benefits	Di Natale	Bulk-Billing Percentages	<p>Senator DI NATALE: Do you have any information right now about the percentage of patients who are always bulk-billed? Mr Stuart: No, I do not have that with me here. Senator DI NATALE: Do you have any information about the percentage of patients who are never bulk-billed? Mr Stuart: No, I do not have that either. Senator DI NATALE: If you could take that information on notice. I have information relating to out-of-pocket costs that follows on from the bulk-billing discussion. Are you happy for me to proceed? It is part of the same discussion. Senator POLLEY: It is the same discussion. I have questions but you can go on.</p>	29 - 19/10/2016
SQ16-000395	4 - Individual Health Benefits	Di Natale	Out-of-Pocket Costs	<p>Senator DI NATALE: I am talking about general practice out-of-pocket costs, increases adjusted for inflation, which sounds to me like the same. Mr Stuart: Yes. Senator DI NATALE: So we need to double-check that. So the 2015-16 increase was? Mr Stuart: 7.6. Senator DI NATALE: So pretty consistent in the most recent year with previous years? Mr Stuart: Yes. Senator DI NATALE: Okay. Good. Mr Stuart: In fact, probably historically, the numbers—the proportions were higher in the earlier part of the decade. Senator DI NATALE: Yes. Again, we will see if we can cross-check that again. Thank you. I am done on that specific bit of information.</p>	30 - 19/10/2016
SQ16-000396	4 - Individual Health Benefits	Polley	Bulk-Billing Figures	<p>Senator POLLEY: Thank you very much. I am just wondering if we can go back to the bulk-billing figures. I am asking whether you could give me the figures or the bulk-billing rate for under-23 as at June this year. That is pretty standard. That is a standard figure, so you would be able to provide that to me, please? Mr Bowles: We will not be able to provide specifics down to an item. We talked about GPs which will be the major user of that, and it is—we could probably— Senator POLLEY: So you will be able to come back to us this afternoon with that figure? Ms Jolly: Senator, the data that we have released on our bulk-billing we have by broad type of service. Senator POLLEY: No, I am— Ms Jolly: and that is to capture the range of services in general practice, not item by item. Senator POLLEY: If you could take that on notice. Mr Bowles: Senator, there are 5,700 items on the MBS. Senator POLLEY: That is why I went for the most common one. If you can take that on notice, that would be fantastic. Thank you.</p>	31 - 19/10/2016
SQ16-000397	4 - Individual Health Benefits	Polley	GP Items	<p>Senator POLLEY: What were the costs to reindex GP items only? Is the estimate by the Royal College of GPs, of \$150 million a year, about right? Mr Bowles: I think we would take that on notice. Mr Stuart: Unfortunately, it is not right. Senator POLLEY: Can you give us a figure, please? Mr Stuart: The figure that has been quoted by the RACGP is a one-off one-year figure only, not a four-year figure. Senator POLLEY: Can you give me the figure, to correct the record, please? Mr Stuart: It is the reversal of the savings policy. Mr Bowles: We will take it on notice, to be accurate. The figures that we have always talked about are the forward estimates periods. You cannot just say you will change it for one year, because if you change it for one year you change it for every year so it escalates year on year on year.</p>	32 - 19/10/2016

SQ16-000398	4 - Individual Health Benefits	Polley	Specialist Rebates	Senator POLLEY: There has obviously been some work done by the Bureau of Statistics once again, and they are saying that one in 12 people delays or avoids seeing a specialist because of the cost. Will this ongoing freeze on specialist rebates make that better or worse? Mr Bowles: I do not think you can necessarily link the two issues. The Bureau of Statistics uses a whole lot of data, including socioeconomic data and welfare data and a whole range of things. Without going into the specifics of it and understanding it, I cannot answer your question any further. Senator POLLEY: If there is anything you can add on notice, that would be very useful. Mr Bowles: We can do that.	34 - 19/10/2016
SQ16-000399	4 - Individual Health Benefits	Reynolds	Bulk-Billing Rates	Senator REYNOLDS: In light of the fact that the department is the authoritative source of health data, particularly on bulk-billing, would it be possible to ask for a longitudinal look at bulk-billing rates nationally and then by state perhaps over the last 10 years? Just so we have a single source of information here so that we are not relying on newspaper articles, other commentators, colleges and whatever. Is that possible? Mr Stuart: We will be able to table that a little bit later in the morning. Senator REYNOLDS: If you could do it nationally and then by state also because obviously senators have interest in their own states. Mr Stuart: Yes, we can do that.	35 - 19/10/2016
SQ16-000400	4 - Individual Health Benefits	Reynolds	Out-of-Pocket Growth	Senator REYNOLDS: And perhaps you can also give us the out-of-pocket growth over the last 10 years as well. Is that possible to have a look at? Mr Bowles: We will try and do that. Senator REYNOLDS: Thank you. If you can do that today, that is fantastic. If not, you can do it later. Mr Bowles: Yes, I will give it to you later.	35 - 19/10/2016
SQ16-000401	4 - Individual Health Benefits	McCarthy	Indigenous use of the Medicare Rebate	Senator McCARTHY: How do you collate the information in terms of specifics around Indigenous health or Indigenous use of the Medicare rebate? Ms Jolly: I would probably need to take some of that on notice. There is a technical calculation, where we estimate the use of Medicare for Aboriginal and Torres Strait Islander people. It is a methodology which is used. I am not the expert on that methodology, but I could certainly get you some information on how that works. Senator McCARTHY: Who would know about that methodology? Ms Jolly: We would just take that on notice. It would be someone that I would be able to get information from. Basically, it is the way in which we look at the MBS data and make some assessment of utilisation by Aboriginal and Torres Strait Islander people. But I would need to get some further advice to make sure I have given you the accurate information.	36 - 19/10/2016
SQ16-000402	4 - Individual Health Benefits	Polley	Pathology Roundtable	Senator POLLEY: Can you tell me what the outcomes were from that roundtable meeting? Mr Smith: Please bear with me for a moment, Senator. Ms Jolly: The roundtable canvassed a range of issues around rental regulation and had a relatively broad ranging discussion about the issues that the sector faces. There are recorded minutes of that meeting, which have gone out to participants. That information then flowed into other discussions and provided advice. There were not outcomes in the sense that there were three things decided and that is now what is going forward; it was more a record of discussion of the range of positions and issues that the sector has around pathology rental regulations and the relationship with ACCs. Senator POLLEY: Are you saying that there was no agreement about what the next step would be in this process? Were there no agreed positions taken at that meeting? Mr Stuart: It was a consultation discussion and not a deciding discussion. Senator POLLEY: Is it possible to get a copy of those minutes for the committee? Mr Bowles: We could take that on notice.	37 - 19/10/2016
SQ16-000403	4 - Individual Health Benefits	Polley	Pathology Rents	Senator POLLEY: Was the department concerned that the policy was going to allow landlords to drive up rents? One would assume that must have been foremost in your mind if you communicated that to the minister's office. Mr Stuart: I am sorry, I cannot confirm that particular communication. I do not have that in front of me. I am not aware of it. Senator POLLEY: Can you take it on notice for us? Mr Stuart: I do not have it so I cannot take it on notice. Senator POLLEY: Are you saying there was no communication from the department? Mr Bowles: We can take it on notice and check if there has been anything. We are just not aware of it. We can take on notice if there is a so-called piece of information.	37 - 19/10/2016
SQ16-000404	4 - Individual Health Benefits	Polley	Pathology Rents	Senator POLLEY: Has the Department of Health or the Department of Human Services taken any reinforcement action for alleged breach of the Health Insurance Act with respect to the rents for co-located collection centres? Mr Bowles: We would have to take that on notice in relation to the Department of Health and you will have to ask the Department of Human Services. Senator POLLEY: Please take it on notice. Are we likely to get that today? Mr Bowles: I doubt it.	39 - 19/10/2016

SQ16-000405	4 - Individual Health Benefits	Reynolds	MBS Rebates	<p>Senator REYNOLDS: Just to be clear, what I am looking for is the figures in 2013 when this policy was introduced. The minister at the time made the assertion that GPs could afford this measure because the average doctor gets \$350,000 a year in Medicare billings. I am just wondering if you have figures for that year, perhaps before and afterwards, just to give us an idea of— Mr Stuart: I think, unfortunately, although we are looking for data, we would have to take that one on notice. We have information that is a little bit broader than just doctors with us today, but we can probably come back to you later in the day on that for that specific time. Senator REYNOLDS: Again, not to go through and crunch some numbers, but do you have some figures that would contextualise this in terms of not only the minister's statement at the time, but also what the average doctor now is getting back from Medicare? If that is what they were getting from Medicare at the time, and it was probably 75 per cent bulk-billing rates, then you would think that the average salaries for GPs would be somewhere around the \$400,000 plus mark. If you could come back later in the day, it just might put some context around the numbers. Mr Stuart: The minister of the day said doctors, so I assume that that probably includes specialists as well as GPs. We first of all have to establish that we are looking at the data on a constant basis and then update it. We will see what we can do before the end of the day.</p>	41 - 19/10/2016
SQ16-000406	4 - Individual Health Benefits	Reynolds	MBS Rebates	<p>Senator REYNOLDS: I know you keep longitudinal data based on the same datasets, so if you are able to break it down by GPs, by specialisation, I think that would be very instructive for the committee.</p>	41 - 19/10/2016
SQ16-000407	4 - Individual Health Benefits	Di Natale	Medicare Data	<p>Senator DI NATALE: We had this discussion about out-of-pocket costs, and I have the data from the Medicare statistics—table 1.5a—which has the MBS average patient contribution per service for out-of-hospital and patient billed services and then broad type of service: non-referred attendances—GP/VR GP. The information you gave me, Mr Stuart, was based on the GP services. Is that right? Mr Stuart: Yes. Senator DI NATALE: You gave me percentages over that period of time. Mr Stuart: That is correct. Senator DI NATALE: I suppose what I am looking at is the increase. If you look at, for example, the increase in out-of-pocket costs for the previous financial year, it was \$1.10, but in this financial year it has almost doubled. It is over \$2 on average. Is that correct? I just want to make sure I am reading this properly. Ms Jolly: Senator, we are going to need a copy of that table. Mr Bowles: Would you be able to table what you are looking at, and we can try to see if it actually matches anything of ours? Senator DI NATALE: Yes. I have a bit of scribble on it, but I am happy to table that. Mr Bowles: If we can have a look at that and see if we can make sense about where it has come from, we can come back to you on that. Senator DI NATALE: Yes. It is the Department of Health Medicare statistics. It is table 1.5a. Until we get that, I am quite happy to sit until we can come back to it.</p>	43 - 19/10/2016
SQ16-000408	4 - Individual Health Benefits	Polley	Radiology Cuts	<p>Senator POLLEY: The government's arrangement with ADIA says that the government will reinvest as much as \$50 million per year of its cuts to radiology, subject to the outcomes of evaluation. Why is that \$50 million not included in the government's election costings? Mr Bowles: I am not sure of the timing of all of that. I would have to take that on notice.</p>	44 - 19/10/2016
SQ16-000409	4 - Individual Health Benefits	Polley	Diagnostic Imaging Association	<p>Senator POLLEY: Did the department provide any advice to the government on a possible deal with the ADIA? Mr Bowles: I think we will go back to what we said about the other one. Up until caretaker we provided advice, post caretaker we backed out, and we came back in subsequent to the election and we deliver whatever advice to the government of the day. Senator POLLEY: Is the department aware of any of personal relationships between the Diagnostic Imaging Association and the minister's staff at the time of the deal? Mr Bowles: It is not a question I can answer. Senator POLLEY: You are not aware, then, or— Mr Bowles: I am not aware of any, but it is not a question that I can truly answer, whether they are there or not. It is the minister's office. Senator POLLEY: Perhaps it might be appropriate for Senator Nash. Are you aware of the personal relationship with minister's staff and the ADIA, and were there any steps taken to manage that conflict of interest? Senator Nash: I am not aware of any of that. Senator POLLEY: Are you willing to take that on notice? Senator Nash: I can do that for you.</p>	44 - 19/10/2016
SQ16-000410	4 - Individual Health Benefits	Reynolds	Medicare Funding	<p>Senator REYNOLDS: Just to put to bed some of these conspiracy theories and allegations and things that we hear in the media: you are not aware of any government intent to cut the funding that you have just outlined for the MBS, for Medicare? Mr Bowles: No. Senator REYNOLDS: And perhaps, on notice, you could provide those figures in writing, along with the percentages, and go back 10 years as well—the past 10 years, including the forward estimates. I think that would help the committee and possibly those out in the public as well. Mr Bowles: We will take that on notice.</p>	48 - 19/10/2016

SQ16-000411	4 - Individual Health Benefits	Polley	Out-of-Pocket Expenses	Senator POLLEY: I would like to put a question on notice as well. Following on from what was just asked for on the expenditure, could you give the figures for the same decade and the forward estimates of the increase in out-of-pocket expense and how that has increased over the years? Mr Bowles: We have taken that on notice already, I think, but yes.	49 - 19/10/2016
SQ16-000413	4 - Individual Health Benefits	Reynolds	Bulk-Billing Rates	Senator REYNOLDS: What was the increase in bulk-billing rates for this figure we are going to find out? What were the results of that? Mr Smith: I will bring you the exact figures. It was a marginal increase in the growth rate in the bulk-billing rates for diagnostic— Senator REYNOLDS: A marginal increase in growth rate, so it could be around the one per cent like it was for the pathology increase? Anyway, I will wait for you to come back with that. Mr Bowles: It is a slightly different context in this one. Senator REYNOLDS: Okay, I will wait for that.	50 - 19/10/2016
SQ16-000414	4 - Individual Health Benefits	Polley	Prostheses	Mr Bowles: I am not going to go there either, but I want to have a look at what was our procedural nature. I am not looking at whether there was a leak or not a leak. That is not my job. I do not look after those sorts of things. That would be something for PM&C. Senator POLLEY: But you can confirm that you had officers there at that meeting? Mr Bowles: Yes. Senator POLLEY: How many officers were there? Mr Bowles: I would have to take that on notice. There would have been a couple of people there. We were probably supporting that working group looking at prostheses.	53 - 19/10/2016
SQ16-000415	4 - Individual Health Benefits	Polley	Internal Review [Prostheses]	Senator POLLEY: When did you start that review? Mr Bowles: Not long after the article. Senator POLLEY: When do you expect to conclude your investigation? Mr Bowles: I hope it would be soonish—hopefully, by the end of this month. Senator POLLEY: If that meeting took place on 29 March— Mr Bowles: Well, yes— Senator POLLEY: it has been a lengthy investigation. Mr Bowles: No, it hasn't, because— Senator POLLEY: You only started after the 19th? Mr Bowles: The allegations only happened in September. I was not aware of them until that particular article. Senator POLLEY: Would you be able to provide that on notice? I expect that you will conclude that investigation before the next estimates. Mr Bowles: I probably will. I will take on notice whether it is appropriate or not for me to provide internal reports to this committee. If not, I am sure you will ask me a question at the next estimates and I will answer you around whatever findings I might have at that particular point. Senator POLLEY: I would appreciate that. Thank you. Would it be worrying—I would have thought so—to the department that the health industry players had such access to those sorts of inside workings of the government? Does that raise concern? Is that still part of your investigation? And you will come back to me on that?	53 - 19/10/2016
SQ16-000416	4 - Individual Health Benefits	Polley	PHI	Senator POLLEY: They say that they used your department's data to determine the figure of 65,000 policyholders who would be affected, whereas the minister claimed a million would be disadvantaged. Would you take that on notice and see if there is anything more you can add? Mr Bowles: I am happy to take it on notice. I might add that if 50 per cent of the insurable population is insured—I do not know but let's say that is probably about 12 million; it is probably actually higher than that—not everyone has hospital-only care, so thousands versus millions sounds more right to me. But let me take it on notice.	54 - 19/10/2016
SQ16-000417	4 - Individual Health Benefits	Siewert	NDIS	Ms Garrett: The other piece of work that is in its initial stages is the review of device supply arrangements. Again, that is in its very initial stages. During the consultation, stakeholders told us that they would prefer that those pieces of work were consulted on together, and that is what we are looking at. Senator SIEWERT: Those are the two areas of review of work that you are undertaking. Ms Garrett: Of work at the moment, yes. Senator SIEWERT: Have you got a list of your stakeholders that you consulted, rather than taking up time with you reading them out? Ms Garrett: Yes. I am happy to provide that on notice.	55 - 19/10/2016
SQ16-000418	4 - Individual Health Benefits	Siewert	Hearing	Senator SIEWERT: This may be a question for the minister. What happens if people are not happy with the level of hearing loss that is finally determined by NDIA, particularly if it differs to the one that is currently being used? What happens then? Senator Nash: It not being my portfolio anymore, I am very happy to take that for you on notice, but I just do not have that detail. Senator SIEWERT: I will obviously follow it up tomorrow, but I figured it goes back to the— Senator Nash: Absolutely. I am happy to try and get you an answer—hopefully, before the end of the day, if I can.	57 - 19/10/2016

SQ16-000419	4 - Individual Health Benefits	Reynolds	PBS	<p>Ms Shakespeare: The number of new and improved listings since that time is 1,162. Senator REYNOLDS: That is 1,162 new listings? Ms Shakespeare: New or amended PBS listings. Senator REYNOLDS: What has been the cost of these listings since October 2013? Ms Shakespeare: The total listing cost of those based on public prices and PBS list prices is \$4.4 billion. Senator REYNOLDS: So it is 1,162 new and amended listings at \$4.4 billion. How does that compare to the comparable period three years earlier than that? Ms Shakespeare: I am sorry; I do not have that information. Senator REYNOLDS: Could you take that on notice. So you do not know how much, but do you have a schedule year by year of how many new listings there have been? Do you have that available? Ms Shakespeare: We would certainly produce information on the number of new and amended listings each year. We include that sort of information in our annual report. As to whether or not that has been collected on a comparable basis and how far back that goes, we will have to have a look. Senator REYNOLDS: Could you have a look at that and take it on notice with a view to coming back with the information during the course of the hearing today. I would have thought you would have been able to identify new listings every year. Ms Shakespeare: We would need to check that in our annual reports. I am not sure that we will be able to do that today. Senator REYNOLDS: Do you know if the rate has increased? Do you have any sense of trends in the number of new listings year by year? Ms Shakespeare: I think we would need to check that through the data.</p>	59 - 19/10/2016
SQ16-000420	4 - Individual Health Benefits	Di Natale	Committees	<p>Senator DI NATALE: What were the other committees that I am not aware of? You said that there were a lot more than six. Ms Jolly: Since the first six, we have established further committees. Senator DI NATALE: How many? Ms Jolly: I can work you through those, if that is useful. Senator DI NATALE: Just give me the total number, and, to save everybody's time, could you provide the total list on notice? Ms Jolly: Sure. I am happy to do that. Senator DI NATALE: How many are there in total now? Ms Jolly: We have the six committees that have just recently released reports, we have a further six committees that are working on the next round of public and we are in the process of establishing some more. I will give you the full list.</p>	61 - 19/10/2016
SQ16-000421	4 - Individual Health Benefits	Di Natale	MSAC	<p>Senator DI NATALE: You will not have the precise number, but is MSAC a small proportion of that total pool? Mr Stuart: I do not think that is fair to assume, no. MSAC is quite a large effort which contracts out quite a lot of health technology assessment, so I think we would probably need to come back to you on notice on that. Senator DI NATALE: Could you give us a breakdown on how much has been spent and what proportion on MSAC versus the MBS review? Ms Jolly: Sure. Senator DI NATALE: I will put the rest on notice. CHAIR: Thank you very much, Senator Di Natale.</p>	62 - 19/10/2016
SQ16-000422	4 - Individual Health Benefits	Di Natale	Hospital	<p>Senator DI NATALE: Do you have a breakdown for hospital and general? Ms Duffy: Yes. For total hospital treatment, participation was 47 per cent and general treatment was 55.7 per cent. Senator DI NATALE: How does that compare with figures from previous years? Ms Duffy: In the previous year, hospital was 47.4, general was 55.8 and total was 55.9. Senator DI NATALE: So that is a drop in coverage? Ms Duffy: It is a small drop. Senator DI NATALE: Is that the first time we have seen a drop in coverage in recent years? When was the last time we saw a decrease in coverage? Ms Duffy: I do not have that information; I would have to take that on notice. Senator DI NATALE: But it would be fair to say we have not seen one in recent years. I think I have been doing this now for four or five years. Ms Duffy: It has been pretty static. Senator DI NATALE: I have asked that question pretty consistently, and it has been going up or has been static for the last five years; there has not been a decrease. Would that be a fair statement? Ms Duffy: I will take that on notice. Mr Bowles: I think you are right. It has been relatively stable over the last number of years, but slightly changing.</p>	64 - 19/10/2016
SQ16-000423	4 - Individual Health Benefits	Di Natale	Premiums	<p>Senator DI NATALE: Yes, I know, but just as a ball park figure. What is the average increase in premiums? Doesn't it go up by about six per cent? Mr Bowles: About six per cent. Senator DI NATALE: What is the average premium worth? Mr Bowles: We would have to take that on notice. Ms Jolly: It would be very hard to determine what an average premium product would be because it would vary according to quite a lot of factors. Senator DI NATALE: I am talking about an average: just the average cost per premium. Ms Jolly: We will take that on notice.</p>	65 - 19/10/2016
SQ16-000424	2 - Health Access and Support Services	Watt	Telstra Health	<p>Senator WATT: You have told us that that is what would have happened? Do you know in this instance whether any contact with Telstra was disclosed in that fashion? Ms McGlynn: I am not aware that there had been, but we can take that on notice. Senator WATT: Who would that be disclosed to? Ms McGlynn: It would be in the records under the probity process of the tender. Senator WATT: Could you take that on notice? Ms McGlynn: Sure.</p>	82 - 19/10/2016

SQ16-000425	2 - Health Access and Support Services	Watt	Telstra Health	Dr Southern: As I said earlier, we were advising on the progress of the process. But it was not in the context of 'We need to rush this' or anything. Mr Bowles: There was no pressure put on me as the accountable officer to fast track this, speed it up or appoint anybody in particular. I make that point categorically. Senator WATT: But you were updating the minister's office on the way through as to where the process was up to? Mr Bowles: Yes, on the process—but not the people, who is in it, and all that sort of stuff. Senator WATT: When was the last time you updated the minister's office before the decision was ultimately made? Dr Southern: I would have to take that on notice.	84 - 19/10/2016
SQ16-000426	2 - Health Access and Support Services	Watt	Telstra Health	Senator WATT: Why did Telstra get this contract? Mr Bowles: They were the successful tenderer? Senator WATT: But why? Mr Bowles: Because they were the successful tenderer. Senator WATT: But what made them successful? Mr Bowles: They went through the evaluation process and they were very strong in the evaluation process. Senator WATT: This was one of the questions we could not get answered at the hearing the other day. In the end, why was it that Telstra was the successful tenderer? Dr Southern: We took their proposal and analysed it against the selection criteria. Ultimately, they came out as the best value for money proposal against the criteria. Senator WATT: I remember asking—and it being taken on notice—to see the tender evaluation documents or some sort of summary to explain why it was Telstra and not the others. Has that been provided? Dr Southern: In our responses to the questions on notice, we had taken one on notice in relation to VCS against a couple of the criteria, which we provided a response to. But I do not recall that we had a question on notice about the full evaluation. Senator WATT: If you did not, could you take that on notice today. Mr Bowles: We will take on notice what we can provide you—understanding commercial in confidence issues and all the things that go with that.	86 - 19/10/2016
SQ16-000427	2 - Health Access and Support Services	Reynolds	Consultation process [Tobacco] COAG	Senator REYNOLDS: I was listening to the answers to Senator Leyonhjelm's questions. He was asking about the consultation process for the draft discussion paper, which I understood from your answers is going to COAG later this year. Is that right? Dr Southern: To COAG health ministers probably early next year. Senator REYNOLDS: I was puzzled about the comment that there was a deliberate decision to limit consultation to experts who could provide a range of views on the development of this policy. Given the importance of this issue, I was just wondering if you could explain further exactly who you did consult. What was the range of consultations that occurred? Ms Davis: We can certainly take on notice to provide a list of the experts consulted.	88 - 19/10/2016
SQ16-000428	2 - Health Access and Support Services	Reynolds	COAG	Senator REYNOLDS: Thank you, I appreciate that. Are you able to provide to the committee that University of New South Wales report that has gone out to COAG, the report that you commissioned and, presumably, that you paid for. If not, can you provide an extract of that report that actually shows—people commenting on this are concerned about it for very genuine reasons. We are operating a bit in the dark. We cannot really understand the position you have outlined. Is it possible to provide either that University of New South Wales report or at least the executive summary of the arguments on both sides? Please take that on notice. Dr Southern: We can certainly take that on notice and we will do so. The WHO report that Ms Davis was quoting from is publicly available. That is probably an easily available source that brings together the state of the research at the moment. Senator REYNOLDS: May we have both? If the taxpayers paid for the University of New South Wales report, unless there is something in there— Dr Southern: We can take that on notice. Senator REYNOLDS: It would be good to inform the public that bit further.	90 - 19/10/2016
SQ16-000429	2 - Health Access and Support Services	Polley	PHNs [Drug Services]	Senator POLLEY: Can you provide very specific details of the amount of money that has already been allocated and delivered? Ms McGlynn: To the PHNs? Senator POLLEY: Yes, so this money gets to the front line. Ms McGlynn: That information exists. I believe it is on our website, but we can certainly provide that to the committee.	92 - 19/10/2016
SQ16-000430	2 - Health Access and Support Services	Bilyk	PHNs [Drug Services]	Senator Nash: And in answer to that, I absolutely agree with you that it is important we get this money out. We actually, though, want to make sure it is well targeted. I absolutely agree with you about the importance of this to the community, which is why the coalition government came up with \$300 million to address it and the Labor government had not given a dollar to it. We want to make sure it happens properly. Senator BILYK: On notice, can we get a list of the areas that are ready to roll and that have got money. If I understand correctly, you said that everyone should be ready to roll by January. So maybe I could get the commencement dates for those areas as well. Ms McGlynn: We can take that on notice.	93 - 19/10/2016

SQ16-000431	2 - Health Access and Support Services	Polley	Drug and Alcohol	<p>Senator POLLEY: What is the average wait time for public drug and alcohol treatment? Can you give us the figures state by state? Ms McGlynn: I do not have that information, but I can take that on notice. As you would appreciate, a lot of these services—about 70 per cent of services—delivered in the drug and alcohol space are delivered by the states and territories. I think it would be hard to get that information, but I am happy to take it on notice. Senator POLLEY: Thank you. Does the department know how many people are on the waiting list for public drug and alcohol treatment? Ms McGlynn: Again, I would have to take that on notice, for the same reasons.</p>	94 - 19/10/2016
SQ16-000432	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	<p>Mr Bowles: I think there are a couple of issues here. This is largely a state and territory regulatory issue not a Commonwealth one. We do not have constitutional powers to deal with some of these issues. That does not mean that we do not talk to our state and territory colleagues about some of the broader points, and that has been the case, but we have to recognise that the Commonwealth has limited powers in certain circumstances. So what we do in that context is deal with the states and territories in a broader sense and remind them—and they are working on this. They are aware of these sorts of issues. They are dealing with them all the time. They are dealing with the people who hang the shingle, as you described. It is a complex issue, obviously, and sometimes it does come back to our constitutional power to actually do something. Senator DI NATALE: If you could provide us on notice with an update of any specific work that has been done in that area by the Commonwealth, that would be of benefit.</p>	95 - 19/10/2016
SQ16-000433	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	<p>Senator DI NATALE: ANACAD is a black box, as far as I can tell. Do we have any information that can be shared with the Senate on the activities of ANACAD? Ms McGlynn: We can take that on notice.</p>	95 - 19/10/2016
SQ16-000434	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	<p>Senator DI NATALE: Who is actually on ANACAD? Is who is on the committee publicly available? Dr Southern: Yes, it would be publicly available. Senator DI NATALE: Can you provide the names of the people on notice. Ms McGlynn: Certainly.</p>	96 - 19/10/2016
SQ16-000435	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	<p>Senator DI NATALE: How many of the members on ANACAD are actually involved in specific drug treatment or the provision of harm reduction services? Do you have that information? Dr Southern: Not in front of us, but when we come back on notice with membership of the committee we can indicate those members that do have that expertise. But there certainly is that expertise on the council. Senator DI NATALE: I will wait to get it, as I would be interested to know. Given that it is a committee that is responsible for providing advice, it would be very interesting to know who is actually on that committee. Are there any consumer groups represented on ANACAD? Dr Southern: We do not have their affiliations. Ms McGlynn: We can provide that on notice.</p>	96 - 19/10/2016
SQ16-000436	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	<p>Mr Bowles: I am not sure it is appropriate that we get into some of these political issues. We are public servants. Senator DI NATALE: It is the purpose of estimates. I think it is entirely appropriate. Mr Bowles: We are public servants. You can ask the politicians about that. Senator DI NATALE: It is not a political question. It is a question of independent advice being provided on the issue of alcohol and other drugs. It is about the specific expertise of the individuals involved. Mr Bowles: He is on a committee. Senator DI NATALE: Providing independent advice to government and informing government policy. Mr Bowles: Along with a range of other people I presume. Senator DI NATALE: I am asking what his particular credentials are. Mr Bowles: We said we would take it on notice and give you a list of the committee members and their credentials. Senator DI NATALE: Who appoints members to the committee? How are they appointed? Mr Bowles: Ultimately this is a matter for government decision. Senator DI NATALE: I might ask the minister, how are those appointments made? Senator Nash: I will take it on notice. From memory, I think, I approved the members of the committee. It was some time ago now and I am not in the portfolio anymore. It was chosen to have a really good balance of various expertise across the committee. We did keep, from memory, some of the members from the previous committee. We brought them on to the new committee and then added some extra expertise through the other members. We will get that detail for you. Senator DI NATALE: What are the terms of service? How long are they appointed for. Ms McGlynn: I will have to take that on notice. Mr Bowles: We will add that to the question on notice. Senator Nash: I do not want to stop your line of questioning, but I want to put on the record what a tremendous job they have been doing in providing advice to the government and to the department. The broad set of skills that they have has been incredibly useful. Senator DI NATALE: We will have to take your advice on that, Minister, because we do not know. Senator Nash: I do, and that is why I am putting it on the record for you, Senator. We are happy to take all of this on notice for you. I want to be really clear that the level of expertise that they have been providing has been excellent. Senator DI NATALE: Our job is not to just take that on trust. The point of estimates is to ensure we get some confidence that this is happening, so that is the reason for asking. Senator Nash: Absolutely. I understand completely. Mr Bowles: We will take that on notice to provide that.</p>	96 - 19/10/2016

SQ16-000437	2 - Health Access and Support Services	Di Natale	Drug and Alcohol	Senator DI NATALE: How do the reporting requirements differ from the previous ministerial council on drugs? Dr Southern: I would have to take that on notice. I was not around when the previous council was operating, so I am not sure of those arrangements.	97 - 19/10/2016
SQ16-000438	2 - Health Access and Support Services	Urquhart	Mersey	Senator URQUHART: Let me get this really clear—so for 2017-18, it is \$62.7 million? Mr Cormack: Correct. Senator URQUHART: For 2018-19, it is \$62.7 million? Mr Cormack: That is right. Senator URQUHART: And for 2019-20, is \$62.7 million locked in? Mr Cormack: That is right. I have not got that presentation in front of me so I will confirm that, but that is what I believe to be the case. Senator URQUHART: When you would be able to confirm that? Mr Cormack: We will get that to you before close of proceedings today. Senator URQUHART: Thanks very much. When the health minister was in Tasmania last month, she was asked about ongoing funding for the Mersey and she said: 'I am not going to make commitments. I am not going to pre-empt what decisions might be.' If there is money in the budget, why did the minister duck the question? Mr Cormack: I cannot answer your report of what the minister said. Let me be clear about that. What I can do is tell you what the situation is. We currently have a provision out in the forward estimates, as I have described. We have a two-year arrangement in place which concludes at the end of this financial year and is the 75.5 million figure that I mentioned earlier. We are in negotiations with the Tasmanian government—and that was, presumably, part of the purpose of the minister's discussions with Minister Ferguson—to progress what arrangements will be in place at the end of 16-17. So we cannot say what is going to be in place. We have got a two-year— Senator URQUHART: But you have got a provision there for it. Mr Cormack: We have got a provision there in the out years for that— Senator URQUHART: Out as far as 2019-20. Mr Cormack: Yes; as I said, I will confirm that because I do not have that piece of paper in front of me. I will confirm that before close of proceedings tonight.	99 - 19/10/2016
SQ16-000439	2 - Health Access and Support Services	Urquhart	Mersey	Senator URQUHART: I did ask if you had a date on when the negotiations commenced. Have you got that? Mr Cormack: They commenced in May 2016. I have already given an answer to you on when we hope to conclude those. CHAIR: Just in the one or two minutes remaining, I have a quick question on that issue myself. I wonder whether the department or the minister's office has a list of representations received from federal members of parliament from the state of Tasmania? Mr Cormack: We will certainly take that on notice. I am sure there have been a number. I do not have that available to us at the moment. CHAIR: Sure. Just, say, for the last three months. Mr Cormack: We will see what we can do.	101 - 19/10/2016
SQ16-000440	2 - Health Access and Support Services	Siewert	Mental Health Nurse Incentive Program	Ms Cole: Victoria had one of the highest proportions of MHNIP funding compared to its population and much of that funding was concentrated in innercity locations where there are already a great deal of Medicare services for mental health, so there was some redistribution. There was no reduction in funding, but there was a redistribution. Senator SIEWERT: Do I interpret that to mean that there was a redistribution to other areas, so some areas lost and some gained? Is that what you are saying? Ms Cole: That is exactly correct, but that redistribution does not happen until next financial year. Senator SIEWERT: I think there is a great deal of concern in Victoria, for example. Certainly that is the feedback I am getting. Would you direct me to where I can find the detail of the answer you just gave in terms of which PHNs and states got money and what they got? Ms Cole: I can give you a breakdown by PHNs for that specific program. We do not have it publicly available at the moment. Senator SIEWERT: I just did not want to put you to extra work if I did not need to. If you could provide that and what the areas got, so I can get an idea of where the funding came from and went to, please. Ms Cole: Yes.	108 - 19/10/2016
SQ16-000441	2 - Health Access and Support Services	O'Neill	Mental Health Programs	Mr Cormack: I do not believe that is the case. For accuracy's sake, I will attempt to clarify that issue for you tonight. I cannot do it on the spot now. I do not believe that is the case. Senator O'NEILL: So that you can give me a full response, if you have already cut \$141 million out of the budget and then you announce \$192 million in funding for election commitments, the calculations suggest that only \$51 million is being allocated, rather than \$192 million. Mr Cormack: That is simply a different way of asking the same question. Senator O'NEILL: The reason I am asking is that the election documents do not state if the \$192 million is new, additional or existing funding.	111 - 19/10/2016

SQ16-000442	2 - Health Access and Support Services	O'Neill	Mental Health Commitments	<p>Mr Bowles: It is new money. It was an election commitment. It is additional funding. You are now conflating something that happened at MYEFO. Since then, we have had a budget, an election and election commitments, and we are now moving on. You are conflating a whole range of different issues. Senator SIEWERT: We can add up. Senator O'NEILL: You might talk about conflating; we just want some clarity around what has gone where and what has been removed. The minister admitted in the parliament last week that the government's mental health commitments were based on 'effectively' new funding. As this goes on, I get more and more confused about the \$192 million. During consideration in detail yesterday, Mr Lee stated: 'There is the \$192 million that the Prime Minister allocated during the campaign because of his personal passion for suicide prevention.' So, the minister thinks the Prime Minister allocates funding. Mr Bowles: No, that is an election commitment—we have already said that. The \$192 million is an election commitment that the government committed during the election campaign. Senator O'NEILL: She seems to have struggled to get Treasury and Finance to agree to put money in. Mr Bowles: No, I do not know what you are talking about there. During the election, the Prime Minister committed \$192 million to mental health. Senator O'NEILL: Who is responsible for the mental health funding allocation? Is it to the minister or the Prime Minister? Mr Bowles: The Prime Minister seems to sit at the top of what we are talking about here. Senator O'NEILL: He is making this decision—it is his call. What is the make-up of the \$192 million in funding? Could you indicate what is existing, reallocated or additional. Mr Cormack: Our advice is that this is all new money. Mr Bowles: There is no reallocation. Mr Cormack: We are going through the processes—just let me talk you through what they are. The \$192 million includes \$111.5 million for 10 new headspace centres, funding for 10 PHN lead sites— Senator O'NEILL: How much for that? Mr Cormack: I will get that figure for you in a second. There is \$46 million to help prevent suicide and reduce suicide behaviour, which includes additional funding for four PHN lead sites conducting suicide prevention trials and funding for a further eight regional lead sites; \$32.5 million for e-mental health and other digital health services, including trialling a crisis text message service through Lifeline; and \$1.5 million to the Australian College of Mental Health Nurses to look at a workforce model. That is the \$192 million. Senator O'NEILL: And the total of that is \$192 million? Mr Cormack: Yes, I believe so. Senator O'NEILL: Thank you for putting that on the record, but if you could provide the document that would also be quite helpful. Mr Bowles: We can provide that on notice.</p>	112 - 19/10/2016
SQ16-000443	2 - Health Access and Support Services	O'Neill	Mental Health Programs	<p>Senator O'NEILL: Thank you very much, Mr Bowles. Whose decision was it not to reallocate the \$141 million funding to mental health programs? Mr Bowles: We will probably take that on notice. Again, it was MYEFO, so that is three budget decisions ago.</p>	112 - 19/10/2016
SQ16-000444	2 - Health Access and Support Services	O'Neill	Mental Health Programs	<p>Senator O'NEILL: There was a commitment, by my understanding, by the government to maintain mental health funding in its response to the national mental health written report. Mr Bowles: Again, I will take it on notice. It was MYEFO, which was around 12 months ago. We have had a budget, we have had an election, we have had election commitments and we have moved into a different phase. I will take it on notice. I understand.</p>	112 - 19/10/2016
SQ16-000445	2 - Health Access and Support Services	Polley	Better Access to Palliative Care	<p>Senator POLLEY: There was an amount of money that was given to Tasmania in terms of the Better Access to Palliative Care program, which has used its money. It has been evaluated. What I was asking was: if the evaluation comes back—which I expect it will, in all fairness—saying that this program has been successful, is the department considering extending some funding? And if they are not—they keep telling me we have had all we are going to get—is the government going to consider funding this important program to continue? Senator Nash: I am not aware of the minister's position on that, so I will take it on notice for you.</p>	113 - 19/10/2016
SQ16-000446	2 - Health Access and Support Services	Polley	Better Access to Palliative Care Program	<p>Senator POLLEY: Just to get some more clarity: why is the BAPC program being evaluated after the national strategy? And is the BAPC evaluation going to be used to inform the national strategy, or is the national strategy set in stone regardless of the outcomes of the BAPC evaluation?</p>	114 - 19/10/2016
SQ16-000447	2 - Health Access and Support Services	Rice	Members of Committees	<p>Senator RICE: Would you be able to take on notice tabling a list of members of those committees that have declared conflicts of interest? Mr McCutcheon: Yes, we can certainly table members of our committees. In fact, that is again publicly available information that would appear in our annual report, for example.</p>	115 - 19/10/2016
SQ16-000448	2 - Health Access and Support Services	Rice	Nanomaterials	<p>Senator RICE: Have nanomaterials been referred to the novel foods advisory committee? Mr McCutcheon: I would have to take that question on notice. I can certainly say that we have not received any applications for nanotechnology or nanomaterials.</p>	116 - 19/10/2016
SQ16-000449	6 - Ageing and Aged Care	Polley	Parameters	<p>Senator POLLEY: For us to have a full understanding of the decision that was made—this is not the first time that decisions have had to be made because of costs—it would be so beneficial for us to have that information, so that we can have a better understanding and so we can help move forward. Is there nothing you can provide to us here today that will give us a better understanding? Dr Hartland: We are happy to take on notice the question about the parameters that we shared with the sector. I do not have them with me at the moment, but we provided a paper to the sector and we will come back to you on that.</p>	121 - 19/10/2016

SQ16-000450	6 - Ageing and Aged Care	Polley	Aged Care Sector Committee	Senator POLLEY: It does not matter which government; these are serious issues. It would not matter who was in government. As it was in 2012, those decisions had to be made. What we have found this time is that we have not been able to see the modelling on which you have based your assessment. Can I ask: who were the sector representatives that you have consulted with—before and now?	122 - 19/10/2016
SQ16-000451	6 - Ageing and Aged Care	Polley	ACFI	Dr Hartland: For the people who attended the ACFI expenditure working group, if you are happy for me to read them into Hansard, I am happy to do that now. Senator POLLEY: That would be great, because— Senator SIEWERT: If you have a list, you could table it. Senator POLLEY: If you could table the list, that would save us some time. Dr Hartland: We can certainly table the list of people who are both on the sector committee and attended those meetings.	122 - 19/10/2016
SQ16-000452	6 - Ageing and Aged Care	Polley	Parameters	Senator POLLEY: That would be great, because what we hearing—what the sector is telling us—is that they are very frustrated that they are not actually getting the information from the government, that there has been lack of consultation. Dr Hartland: No, I don't think—look, I certainly understand that. We have met with them a number of times and, of course, in the nature of those conversations they have expressed to us a desire for a greater amount of information. We have produced a paper that included the highly unusual step of having some budget-in-confidence material in it. It is not something we would normally do, but Minister Wyatt had made a commitment to the sector to share a parameters paper, so we prepared that. The reason why I do not have it with me today is that it does contain information that could be used to derive budget parameters that are not for me to give—they are Treasury parameters. We are happy to take it on notice, but we do have to take it on notice and check what we are able to provide to you.	122 - 19/10/2016
SQ16-000453	6 - Ageing and Aged Care	Polley	ACFI	Dr McCarthy: The review you are referring to is the review that Mr David Tune has been appointed to undertake, and I think he has until August next year to do that. The terms of reference in the legislation for the review does not include a review of ACFI. We have already, effectively, begun reviewing it and we would not want to delay that work until August. I have no doubt that the submissions to Mr Tune will probably have a lot to say about care funding, even though it is not part of the terms of reference. But it is not part of what he has been asked to do, and we have already started that work. As Dr Hartland indicated, we have contracted some external expertise to help us do that, and we will be working on that very openly with the sector. Senator POLLEY: Can you tell us who those experts are or table that for us? Dr McCarthy: Are you referring to their consultancy or those sector representatives? Senator POLLEY: No, the consultants. Dr Hartland: We can give you a bit of information about that, of course.	129 - 19/10/2016
SQ16-000454	6 - Ageing and Aged Care	Polley	Aged Care Advocacy Services	Senator POLLEY: Has the department contracted or is it considering contracting any aged-care services that help older Australians navigate the aged-care system? Dr McCarthy: We have a range of mechanisms in place to help older Australians navigate the aged-care system, ranging from printed information that we have made available, for example, in doctors' surgeries, through pharmacies and in hospitals through emergency departments. I know that in the ACT information is provided to older people in the emergency department about My Aged Care and the process for entering aged care. The My Aged Care website and contact centre itself also provides information for older people and their families, because it is often the case that older people are being assisted by family members to navigate the system. So there is information available online. Of course, we know that not everyone wants to go online, so older people or their carers or families can speak to a member of the contact centre. We also have available the Homecare Today website, which we fund COTA to run, which provides information specifically about home care. We also fund advocacy services for older people that they can access even before entering the aged-care system to find out more and understand what their options might be. Ms Buffinton and Ms Balmanno both do work in this area and might have something to add. Ms Balmanno: I am happy to elaborate on the advocacy services, for example. Senator POLLEY: We are not going to have time, but you can take those on notice. I was particularly interested in the homecare package reforms and whether any businesses or similar services are being provided.	130 - 19/10/2016
SQ16-000455	6 - Ageing and Aged Care	Polley	Care Guidance	Senator POLLEY: Can I seek some advice as to whether the department or the government has had any contact with a company called Care Guidance? Dr McCarthy: That is not a name familiar to me. That does not mean that someone has not had a contact with them. We can take that on notice. Senator POLLEY: If you could. Perhaps Senator Nash could enlighten us as to whether the minister's office has had any discussions with that company, Care Guidance. Senator Nash: I am not aware of any, but I can take that on notice.	131 - 19/10/2016

SQ16-000456	1 - Health System Policy, Design and Innovation	Polley	Contract with Lexer	Senator POLLEY: Thank you; that would be helpful. AusTender contract notice CN3366649 advises that the department has signed a contract for social media listening services with Lexer. What is a social media listening service? Mr Bowles: In relation to aged care? This sounds a bit— Senator POLLEY: That is what I am trying to find out. Mr Bowles: We can take that on notice. I have not heard that. Dr McCarthy: I do not know that that is to do with—it does not sound like ours.	131 - 19/10/2016
SQ16-000457	0 - Whole of Portfolio	Polley	Departmental Structure	Senator POLLEY: Can you please provide, on notice, what the department is listening for, a list of keywords and terms which are being monitored—this will help you when you take it on notice—an update on the structure of the department, and the current staffing levels at the department and how it compares to 12 months ago.	132 - 19/10/2016
SQ16-000458	3 - Sport and Recreation	Farrell	Funding/Commonwealth Games	Mr McDevitt: I would make submissions but, at this point, I am comfortable with the additional funding we have been given by government in the budget. Mr Bowles: Trust me, Senator, he would be talking to me on a regular basis. Senator FARRELL: And are you in a position to make that decision without consultation with the minister?	136 - 19/10/2016
SQ16-000459	3 - Sport and Recreation	Kakoschke-Moore	6 June Call Out	Senator KAKOSCHKE-MOORE: In that case—and you may need to take this on notice in any case—could you tell me how many people have come forward since the call-out on 6 June as a result of—as I say, you can take that on notice. Mr McDevitt: I think is probably easier if I do take it on notice.	138 - 19/10/2016
SQ16-000460	0 - Whole of Portfolio	Gallacher	Credit and Transaction Cards	a) What types of credit and transaction cards (including Cabcharge Fastcard and eTickets) does your department issue? b) What was the total expenditure for each type of card over the last 3 financial years? c) Can you break down the expenditure into categories? d) What is the highest and lowest credit limit for each type of card? e) How many times in the last 5 years has the credit limit been reviewed? f) What are Credit Cards used for? g) What are the Governance/probity rules for employees to follow? h) Are cash advances allowed? i. Can you list the total amount of cash advances from credit and other transaction cards over the last 3 years? ii. Can you provide details on the 10 largest cash advances in your department and provide particulars such as how much was accessed? iii. Who approves cash advances in your department in the event of paying suppliers? j) Who reviews transactions in regards to all cards? j) Who provides assurance to the Minister in respect to probity governance and fraud control?	Written
SQ16-000461	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	How many Health Department staff have been working on preparations for the Framework Convention on Tobacco Control's 'Seventh Conference of the Parties' (or COP 7) conference in New Delhi, India, which will take place from the 7th to the 12th of November?	Written
SQ16-000462	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	a) How many Health Department staff will be travelling to New Delhi to attend the COP 7 conference? b) From what employee classification were members of the Health delegation drawn from? c) What is the total cost of travel and accommodation to send the Health delegation to New Delhi? d) What other Departments or agencies did the Health Department consult with regarding the composition of its delegation to COP 7?	Written
SQ16-000463	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	What other Departments or agencies did the Health Department seek input or feedback from on the positions it was developing or the types of objectives or activities it would be pursuing at COP 7?	Written
SQ16-000464	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	The illicit trade in tobacco is an important item at this year's COP 7 meeting. As this is a policy issue outside the Health portfolio's remit, did the Department consider adding anyone from the Australian Border Force with expertise in the illicit trade in tobacco to its delegation? If not, why?	Written
SQ16-000465	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	Complex legal policy issues to do with civil liability is an important item at this year's COP 7 meeting. As this is a policy issue outside the Health portfolio's remit, did the Department seek any advice from officials in the Attorney-General's Department on these issues? If not, why?	Written
SQ16-000466	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	The future use of Electronic Nicotine Delivery Systems (ENDS) will be an important issue at this year's COP 7 meeting? What is the Health delegation's official position on this issue and how will it be conveyed at COP 7?	Written
SQ16-000467	2 - Health Access and Support Services	Bernardi	The United Nation's Seventh Conference of the Parties meeting in New Delhi in November	The 'carving out' of the tobacco industry from trade agreements is an issue to be discussed at COP 7. As this is a policy issue outside the Health portfolio's remit, did the Department seek any advice from officials in the Department of Foreign Affairs on this issue? If not, why?	Written

SQ16-000468	3 - Sport and Recreation	Kakoschke-Moore	Australian Sports Commission	1. In the Australian Sport Commission 2016-2020 Corporate Plan a commitment to gender equality is named as a goal of the ASC. What is the ASC doing to meet that goal? a. Has it initiated or co-ordinated any programs? 2. What does the ASC consider to be their aims and goals in the promotion of gender equality in sport? 3. How were those aims and goals determined? 4. Has the ASC been working with their female athletes, coaches and support staff to determine what barriers women are experiencing and; what work is the ASC undertaking to overcome them? 5. What advisory role does ASC undertake in assisting sporting bodies to address gender inequality? 6. Are you able to provide the Committee with a list of the sporting bodies and organisations you have advised on the issue of gender inequality? a. If not, if this is not your role as the national sport administration and advisory agency, who would you recommend undertakes this role? 7. In the Australian Sports Commission Act 1989 section 7(1)(r) it names one of the functions of the ASC to co-ordinate activities in Australia for the development of sport. What activities have the ASC co-ordinated with the aim of addressing gender inequality, and supporting women in sport? a. Have these activities been driven by feedback from athletes and sporting bodies?	Written
SQ16-000470	2 - Health Access and Support Services	Kakoschke-Moore	Health Workforce - Remote Area Healthcare Workers	Has the Department engaged in a dialogue with their health care workers to address the barriers to recruiting and retaining rural and regional health care workers, and what arose from those conversations? 1a. Has any further action been planned? 2. On 3 May 2016 Senator Xenophon moved a notice of notice that the Senate note the tragic death of South Australian woman Ms Gayle Woodford who worked as a remote area nurse in the APY lands. The Senator called on the Government to; i) immediately review the adequacy of current safety measures for remote area nurses, ii) abolish single-nurse posts in remote areas or mitigate the risks they pose, iii) implement a policy that remote area nurses attend out-of-hours emergencies in pairs (whether that is two nurses, a community member, security officer or other), iv) require that all emergency services vehicles be fitted with GPS technology which would allow the vehicle to be tracked and located easily, and v) allocate the necessary funding to effect subparagraphs (b)(i) to (b)(iv) above. Senator Ryan responded to support the motion and noted the Minister for Rural Health was working with the remote healthcare workforce. Is the Department able to update the committee on what they are doing to carry out the terms of the motion? 3a. Can you explain what changes have been made since Ms Woodford's death? Have policies and procedures been reviewed and altered? b. Can you provide a figure for what funding has been provided to address these issues? c. In his response, Senator Ryan mentioned an urgent roundtable that was convened to address this issue. Over what dates was that roundtable held and at what locations? d. Are you able to tell me what came out of that roundtable, and what the Government and stakeholders are doing in response? e. Did any recommendations come out of the roundtable process? If so, what were they? Is there a timeline for their implementation?	Written
SQ16-000471	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	Surgeons and other medical proceduralists are free to charge what they consider to be reasonable in terms of fees. Has consideration been given to other ways of addressing excessive out-of-pocket expenses for patients, including better disclosure requirements?	Written
SQ16-000472	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	Does the Department have a threshold for determining what it considers to be excessive out-of-pocket charge for patients? If so, what proportion of surgeons and other medical proceduralists have been found to have exceeded that threshold through any complaints mechanism or through any auditing processes or other forms of oversight?	Written
SQ16-000473	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	Please provide an overview of the complaints process for patients who have been charged unreasonable or excessive fees and details of the number of complaints made each year for the past 3 years. Please provide details on the outcomes of these complaints.	Written
SQ16-000474	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	For some procedures, the range of gaps payable by patients is said to vary from \$0 to \$10 000. Can the Department provide details of the following: * the number of patients charged gaps between \$0 - \$2000; * the number of patients charged gaps between \$2001-\$4000; * the number of patients charged gaps between \$4001-\$6000; * the number of patients charged gaps between \$6001-\$8000; * the number of patients charged gaps between \$8001-\$10 000.	Written
SQ16-000475	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	Is the Minister aware of discussion papers published jointly by Medibank Private and the Royal Australian College of Surgeons which demonstrate that there is no correlation between experience or quality of services provided and the out-of-pocket gaps charged by surgeons and other medical proceduralists?	Written

SQ16-000476	4 - Individual Health Benefits	Griff	Excessive Surgeons' Fees - Out-of-Pocket	Noting that, generally, a patient is referred to a surgeon and has little, if any understanding in relation to charging practices, has the Department considered requiring disclosure such that patients are better informed of their choices and of surgeons' and medical proceduralists' charging practices? Would this approach result in a more even playing field in terms of price negotiations between surgeons and medical proceduralists and patients?	Written
SQ16-000477	4 - Individual Health Benefits	Griff	Excessive Surgeons Fees - Out of Pocket	What, if any, consideration has been given to implementing an upper ceiling on gap charges so as to protect consumers?	Written
SQ16-000478	4 - Individual Health Benefits	Griff	'No Gap' Agreements	a) We know that the introduction of legislation for the Federal Government Rebate on private health insurance was intended to encourage private health funds to provide no gap or known gap products to patients. Is the Department aware of the practice that involves doctors charging 'booking fees' to overcome 'no gap' agreements with health fund providers and, if so, how common is it? b) This practice is said to take advantage of a loophole in funding agreements with healthcare providers. Does it breach any other regulatory requirements? c) What steps, if any, are being taken to address this practice?	Written
SQ16-000479	4 - Individual Health Benefits	Griff	Prostheses List	Please provide details of any research undertaken by the Department comparing prices charged for medical devices (on the Prostheses List) in private hospitals vs public hospitals and overseas countries.	Written
SQ16-000480	4 - Individual Health Benefits	Griff	Prostheses List	Please provide details of any reform proposals recommended to the government in the past 18 months. Were there any proposals put to Cabinet by the Minister for Health and subsequently vetoed by the Treasurer or Finance Minister? If so, on what grounds were they vetoed?	Written
SQ16-000481	4 - Individual Health Benefits	Griff	Prostheses List	a) Was there an opportunity for public consultation with respect to the proposal for a 25% rule, prior to its adaptation? If so, please provide details as to the nature of that consultation. b) Was a regulatory impact statement prepared in relation to the 25% rule? If so, please provide a copy to the Committee. If not, why not? c) Is the 25% rule published on the Department's website or any other publicly available document? d) Is it standard practice for the Minister to take advice from a committee made up, predominantly, of manufacturers of medical devices and industry lobbyists? How was the constitution of the Committee determined? e) Is the Department aware of any adverse effects with respect to unfair pricing that has resulted from the 25% rule? If so, please describe those negative impacts. f) Does the Department accept that the 25% rule has resulted in unfair pricing practices? g) Is the Minister concerned about the interactions between the government decision-making on the one hand and the level of involvement device manufacturers and stakeholder lobbyists have in pricing determinations, on the other? h) Is the Minister concerned about the possibility of any perceived conflicts of interest given that Paul Ramsay Holdings Pty Ltd and Johnson and Johnson Medical Pty Ltd are significant donors for both the Liberal Party and the Labor Party and also substantial beneficiaries in Prostheses pricing?	Written
SQ16-000482	6 - Ageing and Aged Care	Griff	Elder Abuse in Aged Care	In reassessing the accreditation of an aged care facility, does the Aged Care Quality Agency take into account any allegations of elder abuse or staff criminal convictions for abuse? If not, why not?	Written
SQ16-000483	6 - Ageing and Aged Care	Griff	Elder Abuse in Aged Care	The website of the Aged Care Quality Agency states: "While it is not our role to investigate individual complaints, the Australian Aged Care Quality Agency will use any information we receive about the performance of an aged care service in planning future assessment and monitoring activities to determine if the applicable Standards are being met." Does the Agency receive information from the Commissioner about elder abuse complaints and, if so, do they take that information into account when reassessing an aged care facility for accreditation?	Written
SQ16-000484	6 - Ageing and Aged Care	Griff	Nurse to Patient Ratios – Aged Care	a) Has the issue of national nurse-to-patient ratios been raised through the Council of Australian Governments? b) Is there any plan to require residential aged care facilities to have a registered nurse onsite 24 hours per day?	Written
SQ16-000485	6 - Ageing and Aged Care	Griff	Aged Care Advocacy Open Tender	a) Can the Department explain the reasoning behind the decision to go to an open tender for aged care advocacy? b) There was a Review of Commonwealth Aged Care Advocacy Services completed in December 2015 by the Australian Healthcare Associates who were engaged by the Department of Social Services. That Review didn't suggest an open tender process. Was this Review considered as part of the Department's decision to go to an open tender?	Written
SQ16-000486	2 - Health Access and Support Services	Griff	24-hour Doctor Service in Mount Barker	Will the Government consider contributing any additional funding towards a 24-hour doctor service in Mount Barker, one of South Australia's fastest growing regional towns?	Written
SQ16-000487	2 - Health Access and Support Services	Griff	Gumeracha	Given the treacherous roads and lack of access to public transport, the rural town of Gumeracha is significantly isolated. We understand that the Rural Classification Technical Working Group has identified Gumeracha Medical Practice as a potential anomaly within the MMM2 classification. Can the Government provide an update on the progress of this decision?	Written

SQ16-000488	4 - Individual Health Benefits	Griff	Podiatrics	Can the Department explain why the patients of podiatric surgeons, who have accredited training, are recognised under Australian law as specialist surgeons and registered by AHPRA, cannot access MBS rebates for the services provided by those surgeons?	Written
SQ16-000489	4 - Individual Health Benefits	Griff	Podiatrics	We understand that the decision by the Medical Services Advisory Committee (MSAC) to not recommend access to MBS rebates for the patients of podiatric surgeons was based on a lack of evidence on the behalf of comparator services, i.e. those provided by orthopaedic surgeons, not a lack of evidence on the behalf of podiatric surgery. Is that correct?	Written
SQ16-000492	0 - Whole of Portfolio	Bilyk	Ministerial Functions	In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio since 1 January 2016, can the following please be provided: a) List of functions; b) List of attendees including departmental officials and members of the Minister's family or personal staff; c) Function venue; d) Itemised list of costs; e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written
SQ16-000493	0 - Whole of Portfolio	Bilyk	Executive Office Upgrades	Have the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, been upgraded since 1 January 2016? If so, can an itemised list of costs please be provided?	Written
SQ16-000494	0 - Whole of Portfolio	Bilyk	Facilities Upgrades	a) Have the facilities of any of the Department's premises been upgraded recently, for example, staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment? b) If so, can a detailed description of the relevant facilities upgrade please be provided together with an itemised list of costs? Can any photographs of the upgraded facilities please be provided?	Written
SQ16-000495	0 - Whole of Portfolio	Bilyk	Vacancies	Please provide a list of all statutory, board and legislated office vacancies and other significant appointments vacancies within the portfolio, including length of time vacant and current acting arrangements.	Written
SQ16-000496	0 - Whole of Portfolio	Bilyk	Media Monitoring	How much has the Department spent on media monitoring since 1 January 2016? Can a list of all Contract Notice IDs for the Austender website in relation to media monitoring contracts please be provided?	Written
SQ16-000497	0 - Whole of Portfolio	Bilyk	Advertising and Information Campaigns	How much has the Department spent on advertising and information campaigns since 1 January 2016? Can a list of all Contract Notice IDs for the Austender website in relation to advertising and information campaign contracts please be provided?	Written
SQ16-000498	0 - Whole of Portfolio	Bilyk	Contract Notice ID CN3359308	With reference to Contract Notice ID CN3359308 published on the Austender website ("Promotional or advertising printing"): a) Precisely what goods or services were procured under this contract? b) Did these goods or services relate to an advertising or information campaign? c) If so, what campaign? Can a list of each and every Contract Notice ID related to contracts entered into in relation to this campaign please be provided? d) Can a copy of all promotional materials in relation to this campaign please be provided? e) Was any merchandise procured in relation to this campaign? Can samples be provided? Can photographs or illustrations please be provided? f) Was the Minister for Health briefed in relation to this information or advertising campaign? If so, on what date(s)?	Written
SQ16-000499	0 - Whole of Portfolio	Bilyk	Contract Notice ID CN3376514	With reference to Contract Notice ID CN3376514 published on the Austender website ("Printed publications"): a) Precisely what goods were procured under this contract? b) Was it a magnet? c) If so, can a sample of the magnet please be provided? Can photographs or illustrations please be provided? d) What is the total expenditure on procurement of these magnets to date? How much is currently budget for total past and future expenditure on procurement of these magnets? e) Was the Minister for Health briefed in relation to the goods procured under this contract? If so, on what date(s)?	Written
SQ16-000500	0 - Whole of Portfolio	Bilyk	Wikipedia Edits	With reference to an article entitled 'Investigation launched after public servants, staffers caught making offensive Wikipedia edits' published by James Massola of Fairfax on 26 October 2016: a) Were the changes made to the Tony Abbott Wikipedia page performed by a person in the Department of Health or a person in the Minister's office? If a Minister's office, which Minister? ("Someone from the Department of Health network editing the Tony Abbott page to state the former PM has 'chimpanzee ears', is 'dishonourable', that his maternal grandfather 'died of shame' and that 'Abbott has the dubious honour of being the most untrustworthy and grossly underserving holder of the Prime Ministership in Australia's history"). b) What process did the Department follow to investigate these changes? c) What was the outcome of that investigation?	Written
SQ16-000501	3 - Sport and Recreation	Farrell	Planned Review of ASADA's Current Funding Strategy	a) What is the intended purpose of the review? b) Who is/was/will be conducting the review? c) Has the review begun? d) If it has not, when will the review begin? e) If it has, when will the review be completed? f) If/when it is complete, could you please provide the review report/findings? g) Was this review made necessary because of reduced funding from Government?	Written

SQ16-000502	3 - Sport and Recreation	Farrell	ASADA Annual Report 2015-16	a) Has ASADA's 2015-16 Annual Report been provided to Minister Ley's office? b) If it has been, when was the ASADA 2015-16 Annual Report provided to the Minister's office? c) If it hasn't, why not and when will ASADA's 2015-16 Annual Report be provided to the Minister's office? d) When will ASADA's 2015-16 Annual Report be tabled in Parliament? e) What is/are the reason(s) for it not being tabled prior to the Supplementary Budget Estimates session in October? f) When will ASADA's 2015-16 Annual Report be tabled in Parliament and made available on the agency's website?	Written
SQ16-000503	3 - Sport and Recreation	Farrell	ASC Funding from Government	Can you please detail the financial impact of the Efficiency Dividend and all Budget savings measures on the ASC's total appropriation in each financial year from 2013-14 to 2016-17?	Written
SQ16-000504	3 - Sport and Recreation	Farrell	ASC Funding from Government	Can you please detail what complete or partial exemptions the ASC has had from the Efficiency Dividend and any other Budget savings measures in each financial year since 2008-09 to 2016-17?	Written
SQ16-000505	3 - Sport and Recreation	Farrell	ASC Funding from Government	What is that maximum financial impact of the Efficiency Dividend and/or all ongoing Budget savings measures that the ASC can absorb through changes to its workforce as outlined by the ASC Acting CEO in the Supplementary Budget Estimates Hearing on October 19, 2016?	Written
SQ16-000506	3 - Sport and Recreation	Farrell	ASC Funding from Government	What financial impact will the Efficiency Dividend and/or ongoing Budget savings measures have on the funds the ASC has available for all of its programs in 2016-17 and beyond?	Written
SQ16-000507	3 - Sport and Recreation	Farrell	ASC Funding from Government	What impact will the Efficiency Dividend and ongoing Budget Savings measures have on the ASC's allocations to NSO's in 2016-17?	Written
SQ16-000508	3 - Sport and Recreation	Farrell	ASC Funding from Government	a) When will the ASC announce its investment allocations for 2016-17? b) The 2015-16 investment allocation document on the ASC website states that it was current as of June 2015. It's now late October 2016 but no investment allocation for 2016-17 has been posted on the ASC website. Has the 2016-17 investment allocation been delayed? c) If not, why has it not been uploaded to the website? d) If it has been delayed, what is the cause of that delay?	Written
SQ16-000509	3 - Sport and Recreation	Farrell	ASC Funding from Government	Will the Efficiency Dividend and/or ongoing Budget savings measures have an impact on the ASC's funding for participation initiatives including but not limited to the Sporting Schools and Local Sporting Champions programs?	Written
SQ16-000510	3 - Sport and Recreation	Farrell	Sporting Schools program funding	When will the extra \$60 million in funding for the Sporting Schools program promised by the Turnbull Government in May be made available to the ASC for investment in the program?	Written
SQ16-000511	3 - Sport and Recreation	Farrell	Sporting Schools Program Funding	By when will the ASC need to have access to that \$60 million in order to ensure it can continue to deliver and expand the program as planned?	Written
SQ16-000512	3 - Sport and Recreation	Farrell	Sporting Schools program funding	Could you please outline any issues that have arisen with the on-the-ground delivery of the program?	Written
SQ16-000513	3 - Sport and Recreation	Farrell	Local Sporting Champions Program	Could you please outline the current status of the program?	Written
SQ16-000514	3 - Sport and Recreation	Farrell	Local Sporting Champions program	The last round mentioned in the information provided on the ASC website is Round 1 2017-18. Is the program currently funded beyond that round?	Written
SQ16-000515	3 - Sport and Recreation	Farrell	Local Sporting Champions program	Is the ASC aware of any plans to discontinue funding for the LSC program or to reduce or wrap up the program?	Written
SQ16-000516	3 - Sport and Recreation	Farrell	Local Sporting Champions Program	When would new funding need to be made available by in order for the program to continue to run beyond its currently funded limits?	Written
SQ16-000517	3 - Sport and Recreation	Farrell	Local Sporting Champions Program	Could you please provide all statistics relating to the numbers of LSC grants provided in each round from the programs first round until now including, if possible, a breakdown by place of residents of the grant recipient?	Written
SQ16-000518	3 - Sport and Recreation	Farrell	Review of Australia's Rio Olympic Performance	a) Could you please detail who specifically is involved in conducting the review? b) What is the scope of the review? c) When will it be complete? d) What process(es) will the findings feed into? e) Will the findings be made public and if so, what will be the timeline and process for that occurring?	Written
SQ16-000519	3 - Sport and Recreation	Farrell	Review of Australia's Rio Olympic Performance	a) What is the status of the flagged review of the Australian Institute of Sports Canberra operations? b) Who is conducting the review? c) When will it be complete? d) Will the findings be made public and if so, what will be the timeline and process for that occurring?	Written
SQ16-000520	4 - Individual Health Benefits	Siewert	Audiometrics	1. What is the projected demand for Audiometrists or qualified hearing care clinicians in Australia? 2. Was the Office of Hearing Services consulted by the Department of Education prior to any changes made to the VET FEE-HELP for the Diploma of Audiology? • If not, will the Office of Hearing Services meet with the Department of Education and review the proposed VET FEE-HELP changes that could impact enrolments for the Diploma of Audiology?	Written
SQ16-000521	2 - Health Access and Support Services	Siewert	Mental Health Services	Has the Government carried out a gaps analysis of mental health services nationally and in each PHN region? a) If so, please provide the outcomes. b) If not, why not?	Written

SQ16-000522	2 - Health Access and Support Services	Siewert	Mental Health Services	Has the Government considered slowing down the timeframes for the PHNs to implement the programs transitioning into the flexible pool, so they can be implemented properly? a) If not, why haven't they?	Written
SQ16-000523	2 - Health Access and Support Services	Siewert	Mental Health Services	Is the Government aware of any PHNs where there are significant problems with the implementation of any of the programs transitioning into the flexible pool? a) If so, please provide details.	Written
SQ16-000524	2 - Health Access and Support Services	Siewert	Mental Health Nursing Services	a) Please provide the most recent figures available on the year to date spend on mental health nursing (formerly MHNIP) services commissioned by the PHNs this financial year. b) How many mental health nurses were providing services under MHNIP as at 30 June 2016? c) How many mental health nurses have ceased providing services in primary mental health since the transition of MHNIP to the PHNs commenced on 1 July 2016? d) How does this compare to the previous three months?	Written
SQ16-000525	2 - Health Access and Support Services	Siewert	Mental Health Nursing Services	Excluding mental health nursing services funded through MBS claims, such as Access to Allied Health Professionals (ATAPs) services, how many mental health nurses are still delivering primary mental health nursing services in the PHNs as of today?	Written
SQ16-000526	2 - Health Access and Support Services	Siewert	Mental Health Services	What information does the Department collect from the PHNs about the mental health nursing services being commissioned by the PHNs and how is this used to monitor community access to, and delivery of, these services?	Written
SQ16-000527	2 - Health Access and Support Services	Siewert	Mental Health Nursing Services	Given its unique funding model in comparison to other primary mental health programs (an incentive program vs services delivered from funding via the MBS), what education and support has the Department provided the PHNs to assist them throughout the transition of the MHNIP?	Written
SQ16-000528	2 - Health Access and Support Services	Siewert	Mental Health Nursing Services	How would "low" and "medium" need clients be determined with the new service model? a) How would that affect the funding formula used for the primary health networks?	Written
SQ16-000529	2 - Health Access and Support Services	Siewert	Mental Health Nursing Services	What provisions for service will be available for people who are unable to access the digital model of service?	Written
SQ16-000530	6 - Ageing and Aged Care	Siewert	Aged Care Funding Instrument	The Government has linked the proposed Aged Care Funding Instrument (ACFI) changes to alleged over-claiming by providers. If this is in fact occurring, why doesn't the Department target those who are over-claiming, rather than every provider with residents with complex health care needs? a) Why not allow time to see if the increased penalties announced in the 2015-16 Mid-year Economic and Fiscal Outlook would achieve the stated objectives?	Written
SQ16-000531	6 - Ageing and Aged Care	Siewert	Aged Care Services	The Department has issued a reminder to services about meeting their care obligations, yet the funding to achieve this has been significantly reduced. How does the Department and Government envisage aged care services will meet the care needs of residents with reduced funding and staffing resources?	Written
SQ16-000532	6 - Ageing and Aged Care	Siewert	Aged Care Funding Instrument	a) Has the Department modelled the potential impact of the proposed ACFI changes on the broader health system and on the public hospitals, and emergency care in particular? b) What impact did this indicate? c) Has the Government communicated with State and Territory Premiers and Chief Ministers and Health Ministers about the proposed ACFI changes?	Written
SQ16-000533	6 - Ageing and Aged Care	Siewert	Aged Care Services	Is the Government aware that some services have indicated that they will be forced to reconsider admitting residents from the acute care sector? a) If this is the case, where and how does the Government believe these patients will have their future care needs met?	Written
SQ16-000534	6 - Ageing and Aged Care	Siewert	Aged Care Funding Instrument	What alternative options for achieving the savings is the Government considering? a) If alternative options are chosen, will the Government still have a problem with alleged over-claiming, and will it then seek further reductions?	Written
SQ16-000535	6 - Ageing and Aged Care	Siewert	Aged Care Funding Instrument	With the 2015-16 MYEFO and 2016-17 budget cuts, and ACFI cuts in the last few years, the aged care sector has faced funding cuts of more than \$3 billion. How does the Government expect any sector to withstand such substantial funding cuts?	Written
SQ16-000536	6 - Ageing and Aged Care	Siewert	Aged Care Funding Instrument	a) Over the 10 years to 30 June 2016, how many ACFI claims have been downgraded through the validation process each year and in each state/territory? b) How many of these downgrades have been appealed and what percentage of these appeals were successful? c) What was the value over all of these successful appeals?	Written
SQ16-000537	6 - Ageing and Aged Care	Siewert	Alzheimer's Australia	a) The Government recently awarded Alzheimer's Australia \$3.9 million in funding over three years. Has this \$3.9 million been paid to Alzheimer's Australia? b) If so, when was it paid to them? c) When was the decision made to allocate the funding? d) What application process was used for the allocation? e) Where was the money awarded to Alzheimer's Australia allocated from? f) Was it from another unrelated area in health, for example indigenous health? g) All the programs listed have already been established and funded – what new national programs are to be funded and what groups currently not engaged in Dementia Friendly Communities projects will this money be targeted towards?	Written

SQ16-000538	6 - Ageing and Aged Care	Siewert	Blindness and Vision Impairment Services	a) Can the Government advise what processes are being put in place to ensure that people who are blind or vision impaired over the age of 65 years will be referred to the most appropriate specialist blindness and vision impairment services and supports? b) Can the Government advise what mechanisms are in place to require a generalist aged care provider and residential care provider to engage and pay for specialist supports and services for people who are blind or vision impaired? c) Can the Government outline what measures are being implemented to ensure that people who are blind or vision impaired accessing specialist blindness and vision impairment supports through the aged care system will not be financially burdened through a co-payment requirement when compared to their younger counterparts?	Written
SQ16-000539	6 - Ageing and Aged Care	Siewert	Commonwealth Continuity of Support Program	Can the Government provide further information on the Commonwealth Continuity of Support (CoS) program and advise whether this program will empower eligible participants with genuine choice and control over the services and supports they need to remain independent and engaged with their community?	Written
SQ16-000540	6 - Ageing and Aged Care	Siewert	Aged Care Roadmap	a) Can the Government outline what status it attaches to the Aged Care Roadmap? b) Is it Government policy? c) If not, why not? d) If not, what is the Government's long term vision for aged care beyond Consumer Directed Care?	Written
SQ16-000541	6 - Ageing and Aged Care	Siewert	Home Care	a) Has the Government got any plans to make the waiting lists for home care more transparent? b) If so, please outline them.	Written
SQ16-000542	6 - Ageing and Aged Care	Siewert	Support Packages	Does the Government consider it is equitable to offer a lower level of care to some older Australians due to rationing of support packages?	Written
SQ16-000543	6 - Ageing and Aged Care	Siewert	Regional Assessment Services	What proportion of people who are being referred from myagedcare for assessment by Regional Assessment Services have diverse backgrounds that mean they have specific needs (CALD, LGBTI?)	Written
SQ16-000544	6 - Ageing and Aged Care	Siewert	Regional Assessment Services	What actions has the department taken to ensure that Regional Assessment Services are assessing and appropriately referring people of CALD background?	Written
SQ16-000545	6 - Ageing and Aged Care	Siewert	Access to Aged Care Services	a) Given that access to aged care services is dependent on the effectiveness of the MAC portal and the capacity of individual providers to work with this portal, what actions has the Department taken to ensure the effectiveness of the referral process for both aged care consumers and service providers? b) Has the department undertaken an assessment of whether resources offered to support providers to make adjustments necessary to implement MAC and portals are adequate and suitable? c) If so, what are the resources? d) If not, why not? e) Has the Department offered support specifically to CALD providers to set themselves up on MAC and implement the reforms to community and home support packages?	Written
SQ16-000546	6 - Ageing and Aged Care	Siewert	Community and Home Support Packages	a) What public information has been made available to consumers about the changes to community and home support packages? b) What investment has been made in public awareness about the changes to accessing services and where to go if finding access complex? c) Has this investment been tailored to CALD communities? d) How has this information been communicated and has any assessment been made of the effectiveness of any public awareness promotions the Department has undertaken since 2015?	Written
SQ16-000547	6 - Ageing and Aged Care	Siewert	Reviewing Accreditation	a) Does the Aged Care Quality Agency review an accreditation after a serious incident that exposes flaws at the facility? b) How could a facility get a very high rating when obvious flaws exist in its systems and led to a scolding of a resident?	Written
SQ16-000548	6 - Ageing and Aged Care	Siewert	Complaints Received	a) How many complaints has the Aged Care Complaints Commissioner received in the last 12 months? Please provide by category of complainant, for example residents, staff, and family of residents. b) How many of the complaints received within the last 12 months were investigated? Please provide by category of complainant. c) How many were substantiated? Please provide by category of complainant.	Written
SQ16-000549	6 - Ageing and Aged Care	Siewert	Aged Care Complaints Commissioner	a) Does the Aged Care Complaints Commissioner monitor the implementation of their findings? b) How many of their findings have been actioned in the last 12 months? c) How many of their findings have been followed up in the last 12 months? d) How many facilities have lost their accreditation in the last 12 months following a complaint? e) How many facilities have had their accreditation downgraded in the last twelve months following a complaint?	Written
SQ16-000550	0 - Whole of Portfolio	McAllister	Staffing	Please provide a breakdown of staffing levels as at 30 June 2016, nationally and for each state and territory, by the following categories: a) Full time equivalent (FTE); b) Head count; c) Gender; d) Ongoing; e) non-ongoing; and f) classification level.	Written
SQ16-000551	0 - Whole of Portfolio	McAllister	Engagements	How many engagements occurred in the 2015-16 financial year, by: a) Classification; b) State or territory; c) Ongoing staff; and d) Non-ongoing staff.	Written
SQ16-000553	0 - Whole of Portfolio	McAllister	Separations	How many separations occurred in the 2015-16 financial year, by: a) Classification; b) State or territory; c) Ongoing staff; d) Non-ongoing staff; and e) Reason for separation.	Written
SQ16-000554	0 - Whole of Portfolio	McAllister	Contractors and Consultants	What was the total expenditure on contractors and consultants in the 2015-16 financial year.	Written

SQ16-000555	0 - Whole of Portfolio	McAllister	Contracts and Consultancy	For each contract or consultancy in the 2015-16 financial year, please outline: a) The project or engagement; b) The value of the contract; c) The name of each firm or contractor engaged; and d) The purpose of the contract.	Written
SQ16-000556	0 - Whole of Portfolio	McAllister	Contracts and Consultancy	For each contract or consultancy in the 2015-16 financial year, please outline: a) The names of each firm or contractor engaged; and b) Total payments made to each contractor or consultant.	Written
SQ16-000557	0 - Whole of Portfolio	McAllister	Staffing	For the 2015-16 financial year, please outline: a) How many staff were employed through labour hire arrangements; b) Total expenditure on labour hire staff; c) The contractors or labour hire firms engaged to supply these staff; d) Total payments to each of the organisations that provided staff through either a labour hire arrangement or other contractual arrangement; and e) The nature of the work performed by labour hire staff.	Written
SQ16-000558	2 - Health Access and Support Services	Rice	New Plant Breeding Techniques	a) In the past five years how many stakeholders have contacted FSANZ to enquire whether certain techniques count as gene technology or produce genetically modified food? b) Has FSANZ issued any advice to these stakeholders? c) If yes to a) please table the advice along with the legal advice on which it was based.	Written
SQ16-000559	2 - Health Access and Support Services	Rice	New Plant Breeding Techniques	a) How many International Life Science Institute (ILSI) workshops (or similar) on New Plant Breeding Techniques have FSANZ representatives attended in the past five years? b) For each of the workshops: i. Where were they? ii. How many FSANZ representatives were present? iii. Who covered FSANZ travel and accommodation expenses?	Written
SQ16-000560	2 - Health Access and Support Services	Rice	GM Processing Aids	In its 2007 Final Assessment Report from its review of processing aids (enzymes) FSANZ concludes that “in the case of enzymes produced from genetically modified micro-organisms the enzyme is not a novel protein since it is identical to other enzymes sourced from non-genetically derived sources.” a) Does FSANZ stand by this statement? b) Is FSANZ aware of the recent study published in Occupational & Environmental Medicine which found that genetically modified enzymes used in food, perfumes, medicine and cleaning products are “potent allergens”? c) Does FSANZ consider potential allergenicity in its safety assessment of GM enzymes? d) How does FSANZ assess the safety of ingredients such as vanillin derived from GM micro-organisms? e) How does FSANZ verify the claims of manufacturers that these ingredients are chemically identical to natural ingredients?	Written
SQ16-000561	2 - Health Access and Support Services	Rice	Nanomaterials in Food	This question relates to FSANZ’s answers to the written Supplementary Budget Estimates question (SQ15-000778) which were submitted in October 2015. a) In part 1) of the question Senator Madigan asked FSANZ whether it would agree its answer to the question at Estimates on 21 October 2015 that there is no evidence to suggest that nano silica is not safe is very different from saying that nano silica is safe for human consumption. FSANZ’s answer refers only to food grade silica. Please give a nano specific response. b) Part 2) of the question relates to the safety of nano titanium dioxide. FSANZ’s answer refers only to titanium dioxide. Please give a nano specific response. c) Part 3) of the question relates to nano titanium dioxide and nano silica not simply food grade titanium dioxide and silica. Please identify any studies that FSANZ relies upon to conclude that these substances have no human health impacts. d) Please identify any studies indicating that the behaviour of nano titanium dioxide is sufficiently similar to that of conventional scale titanium dioxide to make a finding that the safety of titanium dioxide indicates the safety of nano titanium dioxide. e) Please identify any studies indicating that the behaviour of nano silica is sufficiently similar to that of conventional scale silica to make a finding that the safety of silica implies the safety of nano silica. f) In FSANZ’s response to part 4) of Senator Madigan’s question the agency disagrees with the statement that “not identifying any health effect” is entirely different from a conclusion of safety?” Is this really the agency’s position? i) If yes to f), how does one make a finding of safety in the absence of data? g) In attachment 1, please identify those studies that specifically examine nano titanium dioxide and nano silica. h) Part 6) of the question related to nano titanium dioxide and nano silica. Please provide a nano specific response. i) Part 7) of the question related to nano titanium dioxide and nano silica. Please provide a nano specific response. j) FSANZ failed to answer Part 8) of the question. Please do so. k) FSANZ failed to answer part 9) and 10) of Senator Madigan’s question. Could you please indicate, in relation to the 14 food samples tested by Friends of the Earth, what steps, if any, the manufacturers have taken in order to establish the safety of the food containing nanomaterials? l) If FSANZ is not aware of the steps taken, does the agency have the authority to request that data from the manufacturers? m) If yes to l), has FSANZ ever requested this information from manufacturers in relation to nanomaterials in food? n) If yes to m), please provide details. o) In response to part 11) of Senator Madigan’s question, FSANZ indicated it does not plan to review the data upon which manufacturers relied prior to putting those products on the market. Why not? p) Has FSANZ ever audited the data held by food manufacturers that is intended to demonstrate the safety of a food product prior to sale? q) If yes to p), please provide details.	Written

SQ16-000562	2 - Health Access and Support Services	Rice	Nanomaterials in Food	In a document released under FOI in July 2016 , FSANZ notes its view (to a manufacturer) that nanoparticles that dissolve in the water or lipid phases of the food to which they are added or in the gastrointestinal tract will not be considered nanoparticles for purposes of regulation. Is it correct that this new view of what constitutes a nanoparticle for purposes of regulation under novel food provisions is proposed for the first time in proposal P1024? a) Is it correct that P1024 is merely a proposal at this point? b) P1024 indicates that "Particulate, nanoscale materials that are new to the food supply will be subject to toxicological evaluation as outlined in the Application Handbook." Does this mean that nanoscale materials of materials previously approved will be required to apply for approval? c) Based on this FOI document it appears that FSANZ is using this as the current definition of a nanoparticle for purposes of the novel food provisions– is that correct? d) If yes, is there any legal basis for using this proposed definition? e) Has this definition been subject to any Parliamentary oversight? f) Has this definition been agreed by the Australia and New Zealand Ministerial Forum on Food Regulation ? g) What peer reviewed science is FSANZ relying upon in proposing this definition? h) Is it the view of FSANZ that nano titanium dioxide meets this definition of a nanoparticle in food? i) Is it the view of FSANZ that nano silica meets this definition of a nanoparticle in food? j) Is it the view of FSANZ that nano silver meets this definition of a nanoparticle in food? k) If no to g), h) or i) please identify the peer reviewed studies that demonstrate the nanoparticles dissolve in water or lipids or in the gastrointestinal tract.	Written
SQ16-000563	2 - Health Access and Support Services	Rice	Nanomaterials in Food	In SQ15-000830 FSANZ was asked whether it had considered a labelling requirement for nanomaterials in food similar to that required in the EU. The question wasn't answered directly, but FSANZ indicated that it hadn't received an application and would consider the issue at that time. a) Is there any legal restriction on FSANZ considering the question of labelling of nanomaterials without an application being submitted? b) If yes to a), please identify the applicable legal provisions.	Written
SQ16-000564	2 - Health Access and Support Services	Rice	Nanomaterials in Food	a) Would FSANZ agree that, in relation to nanomaterials, that the Application Handbook does not outline the circumstances in which an application is necessary, but provides guidance to and requests nano specific information from manufacturers applying for approval? b) What guidance is given to manufacturers to determine whether nanomaterials in food should result in an application to FSANZ?	Written
SQ16-000565	2 - Health Access and Support Services	Rice	Nanomaterials in Food	a) When FSANZ commissioned the ToxConsult reports into nanomaterials in food and food packaging, it indicated that following publication of the report on Potential Health Risks Associated with Nanotechnologies in Existing Food Additives, there would be an opportunity of the public and other interested stakeholders to comment on the report. (see SQ15-000829) b) Has this opportunity for comment been provided? i) If so, please describe how? ii) If no to a), why not? c) In the ToxConsult report on Potential Health Risks Associated with Nanotechnologies in Existing Food Additives, the authors refer to a Dutch study (Dekkers 2012) that estimates a level of silicon intake 6-15 times higher than EFSA (2009) of which the authors estimate approximately 20% could be in the nano scale. d) Does FSANZ have any estimates for the dietary intake of SiO2 in Australia for adults and children? e) If yes to d), please provide those estimates and their basis. f) When ToxConsult was commissioned to prepare reports on nanomaterials in food and packaging, were the authors and the company required to declare any actual or potential conflicts of interest? i) If yes to f), please table the disclosure. ii) If no to f), why not?	Written
SQ16-000566	2 - Health Access and Support Services	Rice	Imported Foods	Online retail sales are the fastest growing area of retail trade. a) What steps has FSANZ taken to monitor this trade in relation to food safety and compliance with the Food Code? b) Is FSANZ aware that online purchases are often resold in retail stores? What is FSANZ's position of FSANZ on the import of foods into Australia containing ingredients prohibited in Australia by individual consumers? d) Is there a process in place that will see these products declared or prohibited?	Written
SQ16-000567	2 - Health Access and Support Services	Rice	Fee Waivers	a) Between 2010 and the present how many requests for fee waivers in the public interest in relation to Freedom of Information Requests has FSANZ received? b) How many waivers or partial waivers have been granted because a matter is in the public interest and for what requests? Please identify these with reference to the disclosure log.	Written
SQ16-000568	2 - Health Access and Support Services	Rice	Consultancies	a) How many consultancies did FSANZ commission during the 2015-2016 financial year? b) For each consultancy, please outline the nature of the work, the consultant and the amount paid. c) Is declaring actual or potential conflicts of interest part of FSANZ's standard consulting contract? d) For how many of these consultancies commissioned during the 2015-2016 financial year did FSANZ require the consultant to declare actual or potential conflicts of interest? i) In each instance where no declaration was required, please explain why not ii) For each consultancy where a declaration was made, please table that declaration and the response of FSANZ.	Written

SQ16-000569	2 - Health Access and Support Services	Rice	GM Labelling	A 2014 survey by FSANZ was undertaken to "to look at the methods and processes businesses have in place to demonstrate their compliance with the GM labelling requirements of the Code and to guide jurisdictions in determining the focus of future monitoring and surveillance of GM food in the Australian food supply." a) Please table the survey and either a summary of the results or the raw data.	Written
SQ16-000570	2 - Health Access and Support Services	Rice	Retailers and Manufacturers Liaison Committee	a) Are minutes kept for FSANZ's Retailers and Manufacturers Liaison Committee? b) If yes, please table minutes for 2015 and 2016 c) Are meetings recorded? d) Has the Committee provided any advice or recommendations to FSANZ? If yes, please table.	Written
SQ16-000571	2 - Health Access and Support Services	Rice	GM Categorisation	Which of the following techniques does FSANZ consider result in genetically modified food? a) Pioneer Hi-Bred International's proprietary seed production technology (SPT); b) reverse breeding;? c) Cisgenesis and intragenesis;? d) GM rootstock grafting; e) Oligo-directed mutagenesis (ODM); f) Zinc-finger nuclease (ZFN) technology; g) accelerated breeding following induction of early flowering; h) Transcription activator-like effector nucleases (TALENs); i) Type II clustered, regularly interspaced, short palindromic repeats (CRISPR) /Cas systems; j) Meganucleases;? k) Triplex-forming oligonucleotides; and/or l) Agro-infiltration. m) Has FSANZ issued any advice regarding whether any of these techniques result in genetically modified food or not? n) Please table this advice. o) If advice has been issued, does FSANZ consider that the recipient of the advice may legally act upon this advice?	Written
SQ16-000572	5 - Regulation, Safety and Protection	Rice	GT Review	OGTR is currently conducting a review of its Gene Technology regulations and invited submissions from a number of stakeholders. a) Please provide a list of all the stakeholders that the OGTR invited submissions from before the public consultation period began. b) Which stakeholders did the OGTR received submissions from before the public consultation period began? c) Please table all the submissions received before the public consultation period began.	Written
SQ16-000573	5 - Regulation, Safety and Protection	Rice	GM Categorisation	a) Which of the following techniques does the OGTR consider to be gene technology at this point? * Pioneer Hi-Bred International's proprietary seed production technology (SPT); * reverse breeding;? * Cisgenesis and intragenesis;? * GM rootstock grafting; * Oligo-directed mutagenesis (ODM); * Zinc-finger nuclease (ZFN) technology; * accelerated breeding following induction of early flowering; * Transcription activator-like effector nucleases (TALENs); * Type II clustered, regularly interspaced, short palindromic repeats (CRISPR) /Cas systems; * Meganucleases;? * Triplex-forming oligonucleotides; and/or * Agro-infiltration. b) Which of the following techniques does the OGTR consider result in GMOs at this point? * Pioneer Hi-Bred International's proprietary seed production technology (SPT); * reverse breeding;? * Cisgenesis and intragenesis;? * GM rootstock grafting; * Oligo-directed mutagenesis (ODM); * Zinc-finger nuclease (ZFN) technology; * accelerated breeding following induction of early flowering; * Transcription activator-like effector nucleases (TALENs); * Type II clustered, regularly interspaced, short palindromic repeats (CRISPR) /Cas systems; * Meganucleases;? * Triplex-forming oligonucleotides; and/or * Agro-infiltration. c) Has the OGTR issued any advice regarding whether any of these techniques are considered gene technology or not? i. Please table this advice. ii. if advice has been issued, does the OGTR consider that the recipient of the advice may legally act upon this advice? iii. if yes to ii., is the OGTR aware whether any of the recipients of advice have acted upon this advice? iv. if yes to iii., please describe v. If no to iii., would the OGTR act to prevent to a recipient of advice from acting on that advice? vi.) Would the OGTR agree that a court is unlikely to reverse an action by a recipient based on advice received from the OGTR? d) Has the OGTR issues any advice regarding whether any of these techniques result in GMOs or not? i. Please table this advice. ii. if advice has been issued, does the OGTR consider that the recipient of the advice may legally act upon this advice? iii. if yes to ii., is the OGTR aware whether any of the recipients of advice have acted upon this advice? iv. if yes to iii., please describe v. If no to iii., would the OGTR act to prevent to a recipient of advice from acting on that advice? vi. Would the OGTR agree that a court is unlikely to reverse an action by a recipient based on advice received from the OGTR?	Written
SQ16-000574	5 - Regulation, Safety and Protection	Rice	OGTR Working Group	Documents obtained under the Freedom of Information Act refer to an OGTR working group that is considering organisms using new technologies and whether or not they are regulated under the Gene Technology Act 2000 a) Who is on this working group? b) What specific techniques has the working group considered? c) Please table any advice the working group has issued. d) Did the OGTR require each member of the working group to declare potential or actual conflicts of interest? i. If yes, did any members of the working group identify actual or potential conflicts of interest? ii. if yes to i. please identify those members and their interests. iii. if yes to i. what was the OGTR response to that declared conflict?	Written

SQ16-000575	5 - Regulation, Safety and Protection	Rice	Gene Technology Ethics and Community Committee	a) According to the Gene Technology Act 2000, the Minister must not appoint a person as a member of the Ethics and Community Committee unless the Minister is satisfied that the person has skills or experience of relevance to gene technology in relation to a number of areas including issues of concern to consumers; religious practices; human health; animal health and welfare; ethics and environmental issues. i. Please name the current members of the Ethics and Community Committee ii. For each current member of the Ethics and Community Committee please list their specific areas of expertise within this list. b) Has The Minister appointed any expert advisers to give expert advice to the Ethics and Community Committee on 'new technologies'? i. If yes to b) who are they?	Written
SQ16-000578	5 - Regulation, Safety and Protection	Rice	Gene Technology Technical Advisory Committee	According to the Gene Technology Act 2000, before the Minister appoints a person as a member of the Gene Technology Technical Advisory Committee, the Minister must obtain from the person a declaration setting out all direct or indirect interests, pecuniary or otherwise, that the person is aware of having in a matter of a kind likely to be considered at a meeting of the Committee. a) Did the OGTR require each member of the current Gene Technology Technical Advisory Committee to declare potential or actual conflicts of interest? i. If yes to a), did any members of the working group identify actual or potential conflicts of interest? ii. if yes to a), please identify those members and their interests.	Written
SQ16-000581	5 - Regulation, Safety and Protection	Rice	Gene Technology Technical Advisory Committee	According to the Gene Technology Act 2000, A member of the Gene Technology Technical Advisory Committee who is aware of having a direct or indirect interest, pecuniary or otherwise, in a matter being considered, or about to be considered, at a meeting of the Committee must, without delay, disclose the nature of the interest at, or before, the meeting of the Committee. ? a) In the discussion of 'new technologies' at its June 2016 meeting did any members of the Gene Technology Technical Advisory Committee disclose any direct or indirect interest, pecuniary or otherwise, in the matters being considered? b) If yes to a) who were those members? c) If yes to a) were those members present during any deliberation of the Committee about the relevant matter? d) If yes to a) did those members take part in any decision of the Committee about that matter?	Written
SQ16-000582	5 - Regulation, Safety and Protection	Rice	Gene Technology Technical Advisory Committee	Has the OGTR appointed any expert advisers adviser to the Gene Technology Technical Advisory Committee on 'new technologies? a) If yes, please list these. b) If yes, did any of these expert advisers identify actual or potential conflicts of interest? c) If yes, how did the OGTR respond to those declared conflicts?	Written
SQ16-000584	5 - Regulation, Safety and Protection	Rice	OGTR Processes	Does the OGTR have the power to require applicants to conduct and submit additional research data where knowledge gaps exist? a) If yes, has this ever been done? b) If yes, please identify the applicant and application c) To what extent does the OGTR rely on the data set submitted with each new application as opposed to wider sources of evidence? d) Are all relevant scientific papers and datasets considered during assessment or are some/many/all excluded? On what criteria does the OGTR include or exclude papers or datasets?	Written
SQ16-000585	5 - Regulation, Safety and Protection	Rice	Wider Impacts	Does the OGTR include the social and economic impacts on both the farm of release and neighbouring farms in its environmental assessments of genetically manipulated organisms?	Written
SQ16-000586	5 - Regulation, Safety and Protection	Rice	DIR rejections	Has the OGTR ever rejected a Dealing Involving Release (DIR) and, if so, why?	Written
SQ16-000587	5 - Regulation, Safety and Protection	Rice	Bio-hacking	a) Is the OGTR monitoring the DIY biohacking movement in which people without appropriate education or training, certified containment facilities, and expert supervision are manipulating the genes of living organisms? i. If yes, please provide details of what steps are being taken to track, monitor, and in necessary control the proliferation of DIY biohacking labs? b) Does biohacking contravene the Gene Technology Act 2001? c) Is it legal to import and use the biohacking kits now available for sale on the internet?	Written
SQ16-000588	5 - Regulation, Safety and Protection	Rice	Effect of State GM Regulations	Do state powers to establish GM and GM-free Zones, and selectively approve the commercial release of GM organisms within their jurisdictions, in any way affect the small-scale trial releases and contained laboratory experiments with GMOs that the OGTR assesses and licences?	Written
SQ16-000589	5 - Regulation, Safety and Protection	Rice	GM Labelling	Would the labelling of GM foods and food ingredients in any way affect the OGTR's capacity to carry out its work?	Written
SQ16-000590	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	How much, in total, has been spent on the Personally Controlled Electronic Health Record (PCEHR)/My Health Record to date?	Written
SQ16-000591	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	How many Australians now have an e health record after the commencement of the 'opt-out' trial March this year? a) What is the duration of the trial expected to be? b) What is the objective of the trial? c) How is it being monitored? d) How many Australians have 'opted out'?	Written

SQ16-000592	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	How many practices have registered to use the My Health Record system?	Written
SQ16-000593	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	How many clinicians have undertaken the training for use of the my Health Records system?	Written
SQ16-000594	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	Can you please outline the changes to the ePIP?	Written
SQ16-000595	1 - Health System Policy, Design and Innovation	Di Natale	Ehealth	What is the status of the draft National Digital Health Strategy for Australia July 2016 - June 2019?	Written
SQ16-000596	1 - Health System Policy, Design and Innovation	Di Natale	Data Collection	a) Does the department collect relevant health data on culturally and linguistically diverse populations? b) If not, why not? c) How can the government plan and meet the health needs of culturally diverse populations if this information is not collected?	Written
SQ16-000597	1 - Health System Policy, Design and Innovation	Di Natale	Organ Donation	The Strategic Plan in the Australian Organ and Tissue Donation and Transplantation Authority Annual Report has 3 objectives and 19 strategies (p40) – but none relate to Australians seeking and receiving organ transplants overseas. Why is this?	Written
SQ16-000600	1 - Health System Policy, Design and Innovation	Di Natale	Organ donation	Are you aware of reports and evidence since the 1990s of unethical organ procurement procedures in China, including forced organ procurement from executed prisoners and prisoners of conscience, mainly Falun Gong practitioners, in a state-led systematic process? a) If so, what have you done to ensure that Australians are aware of this, and are not unwittingly supporting this activity?	Written
SQ16-000601	1 - Health System Policy, Design and Innovation	Di Natale	Organ Donation - Ludlam Senate QON100	The Minister's answer to QON100 says only limited data is available on Australians receiving Chinese organ transplants, with 53 Australian transplants in China identified for 2001-2014 (via the Australian and NZ Dialysis and Transplantation Registry). a) What's the current process for Australians travelling overseas to receive organ transplants? b) Why isn't there a register? What are the barriers to establishing a register or process for collecting this data c) Will you undertake to establish one?	Written
SQ16-000608	1 - Health System Policy, Design and Innovation	Di Natale	Organ donation - Ludlam Senate QON100	The QON100 answer also says "No department or agency is responsible for the regulation of Australians seeking organ transplants in China" and there's no data on the number of Australians seeking transplants there either. Please explain why.	Written
SQ16-000610	1 - Health System Policy, Design and Innovation	Di Natale	Organ donation - Ludlam Senate QON100	On 'transplant tourism' the answer says "While not illegal, any attempt to exploit the vulnerable for the purpose of retrieving organs is strongly condemned by all governments". a) Has the department looked into transplant tourism at all, outside of prevalence, to any question of international law or other countries that have taken action against it? b) Is the department aware that a number of countries including Israel, Spain, and Taiwan have banned organ tourism, and USA and EU have passed strong resolutions against it?	Written
SQ16-000612	1 - Health System Policy, Design and Innovation	Di Natale	Organ Donation	A recent study in the American Journal of Transplantation described unethical organ procurement procedures in China and called for the need for transparency and international scrutiny in relation to Transplant Medicine in China. a) Would the Department consider looking in any ways at increasing scrutiny and transparency in relation to transplant medicine in China?	Written
SQ16-000614	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	What formal consultation has the department undertaken with PHNs on the selection of trial sites in their regions? Please provide details of times and attendees a) What input will/have the PHNs had in selecting sites? b) What information will the department be requesting of PHNs regarding the selection of sites? c) If the PHNs are not to be formally involved in the selection of sites, why not?	Written
SQ16-000617	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	Will the department ensure that rural and regional sites are included in the trial?	Written
SQ16-000621	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	Please outline in detail how the health care home trial will be evaluated. a) Who will have a role in developing the evaluation? b) When will the trial be evaluated? c) Given we know management of chronic illness is a lifelong challenge, does the department believe the 2 year trial allows sufficient time to allow the benefits to flow through? d) Will the evaluation occur in stages of after the 2 year trial is complete? e) By what measures will the trial be deemed a success/failure? f) What will occur after the 2 year trial period?	Written
SQ16-000625	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	Is there a change management program over the long term for GP practices? Please outline in detail.	Written

SQ16-000626	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	In the absence of information from the department, the CHF, George Institute, RACGP and Menzies Centre for Health Policy brought the stakeholders together and produced the 'Patient Centred Health Care Homes in Australia: Towards Successful Implementation' document. a) Has the department provided advice on this document to the Minister? b) Will the recommendations of that document be adopted?	Written
SQ16-000627	2 - Health Access and Support Services	Di Natale	Primary Care - Health Care Home Trial	Given the 2016-17 budget papers state that the \$21.2 million has been redirected from the redesigned PIP (BP2, p 118), would the department like to clarify its answer that the \$21.3 million for Health care home trial is 'new money'?	Written
SQ16-000628	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	Why has no information ever been made available on the activities or advice of the Australian National Advisory Council on Alcohol and Drugs (ANACAD) since its inception in early 2015? Please provide details of when the committee has met and any minutes of those meetings.	Written
SQ16-000631	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	Following the announcement of the new Ministerial Drug and Alcohol Forum as part of the Government's response to the Ice Taskforce in December 2015 (http://www.health.gov.au/internet/main/publishing.nsf/Content/MC15-009596-national-ice-taskforce), can the department advise on progress with establishing this Forum, its terms of reference, and who the members of the Forum will be?	Written
SQ16-000633	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	Please outline in detail the members of ANACAD and the credentials/qualifications for membership of the committee. Please detail in particular, which members are involved in the delivery of treatment or harm reduction services and which members are consumer/user advocates.	Written
SQ16-000634	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	a) What progress has been made towards establishing the FASD Clinical Network, announced in the May Budget, to diagnose and work with children and their families who are affected by FASD? b) Can the Department advise what consultation has been undertaken in the development of this clinical network and in particular whether families and carers have been consulted?	Written
SQ16-000635	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	What progress has been made towards establishing the national FASD information hub to support diagnosis of, and data collection about, FASD?	Written
SQ16-000636	2 - Health Access and Support Services	Di Natale	Alcohol and Other Drugs Policy	Please explain the intended process for continued funding for national services, state and territory wide services or services that operate across the boundaries of more than one Primary Health Networks. Will these services be required to apply for funding across all or multiple of the 31 PHNs?	Written
SQ16-000637	2 - Health Access and Support Services	Di Natale	Prevention - Obesity	a) What is the estimates impact of obesity on the Australian health budget? b) Has the department provided any advice to the Minister regarding the impact of sugar-sweetened beverages on the obesity rate in Australia?	Written
SQ16-000639	2 - Health Access and Support Services	Di Natale	Hospital Funding	When will negotiations commence for an agreement on hospital funding beyond 2020?	Written
SQ16-000640	2 - Health Access and Support Services	Di Natale	Hospital Funding	Does the government commit to ensuring that ABF and the efficient price remain key elements of any agreement going forward?	Written
SQ16-000642	2 - Health Access and Support Services	Di Natale	Rural Health/Workforce	Please outline in detail the role of the Rural Health Commissioner. a) What will the Commissioner be responsible for? b) What is the budget for the Commissioner? c) When will the Commissioner be appointed? d) Who will the commissioner report to? e) What consultation will the commissioner engage in? f) Will the commissioner examine the barriers to better health outcomes for those in rural and regional areas? g) Will the commissioner be a clinician or from the broader sector including consumers, allied health etc?	Written
SQ16-000645	2 - Health Access and Support Services	Di Natale	Health Workforce	a) When will the tender calling for applications to administer the Health Workforce Scholarship Program be publically released? b) What are the options for potential applicants who will be seeking scholarships in 2017 if the implementation of the Health Workforce Scholarship Program continues to be delayed? c) If Health Workforce Scholarship Program continues to be delayed what will the government do with the program dollars that are not committed?	Written
SQ16-000647	4 - Individual Health Benefits	Di Natale	MBS Indexation Freeze	The most recent statistics on Medicare usage show that the proportion of the population accessing general practice services has fallen for the first time since 2010. Is this the result of the indexation freeze?	Written
SQ16-000648	4 - Individual Health Benefits	Di Natale	Child Dental Benefits Schedule	Please explain in detail what the governments intention is in relation to the child dental benefits schedule? Will the schedule be closed on 1 January 2017?	Written
SQ16-000650	4 - Individual Health Benefits	Di Natale	Child Dental Benefits Schedule	The fact sheets regarding the closure of the CDBS on the department's website state that people have received letters to tell them the scheme is ending. a) When were these letters sent? To whom? b) Do they also include clear information that there is no current legislation to effect this change?	Written
SQ16-000652	4 - Individual Health Benefits	Di Natale	Child Dental Benefits Schedule	Has the department done any modelling or analysis of the impact on rural and regional communities of the closure of the CDBS?	Written

SQ16-000653	5 - Regulation, Safety and Protection	Di Natale	Biosecurity	Please outline the department's readiness for Zika virus in Australia? a) What are our biosecurity measures to prevent spread? b) What advice or modelling or analysis has the department done on the likelihood of a break out? c) What advice has been provided to the Minister on such a risk? d) Are we prepared to provide the appropriate information and protection for Australian people and pregnant women or women of pregnancy age?	Written
SQ16-000654	5 - Regulation, Safety and Protection	Di Natale	Medicinal Cannabis	Please can you outline the timeframe for patients getting access to medicinal cannabis? a) What is the next step in companies getting licenced to cultivate or manufacture the product? b) How much product do you anticipate will be required to meet the need of patients? c) Will there be a cap on licences? d) What products will be licenced?	Written
SQ16-000655	5 - Regulation, Safety and Protection	Di Natale	TGA	Can you please update the committee on the progress of the TGA's review of its naming policy for biologics and biosimilars? a) When do you expect to finalise the TGA's review of its naming policy and make its findings public? b) What stakeholders are the TGA consulting as part of the review process? c) What other areas of the Health Portfolio is the TGA consulting as part of this process? d) A number of other regulatory bodies in Europe and the US are also reviewing their naming policies in light of the WHO's proposal. Are you engaging with your international counterparts as part of your review process?	Written
SQ16-000657	0 - Whole of Portfolio	Watt	Portfolio Programs	Please provide an itemised table detailing the following information: a) Every program administered by the department and all portfolio agencies within it b) The total funding allocated for each in 2016-17, 2015-16 and 2014-15; c) The number of organisations funded under the program in each in those years, the name of each organisation funded and the dollar value of that funding d) The number of individuals projected to be serviced or services to be delivered through each in 2016-17, 2015-16 and 2014-15; e) The total funding actually expended on each in 2015-16 and 2014-15; f) The number of individuals actually serviced or services actually delivered through each in 2015-16 and 2014-15; g) The aggregate staff budget for each in 2016-17, 2015-16 and 2014-15 broken down by i) permanent APS staff and ii) contractors. h) The number of permanent APS staff responsible for delivering each in 2016-17; 2015-16 and 2014-15, the classification of these staff and their geographic location; i) The dollar value of external advice contracted to support each in 2016-17, as well as the number of contractors engaged, the APS-equivalent classification these contractors were engaged at and their geographic location.	Written
SQ16-000658	0 - Whole of Portfolio	Watt	Portfolio Program Evaluations	Please provide the following information for every program administered by the department and all portfolio agencies within it: a) Copies of any evaluation reports or program analysis prepared by external advisers in the last five years; b) Copies of any evaluation reports or program analysis prepared within the department in the last five years.	Written
SQ16-000659	0 - Whole of Portfolio	Watt	Flexible Funds	Please provide a breakdown of savings from the Health Department Flexible Funds since 2013, by: a) Year; b) Flexible Fund; c) Program; and d) Recipient.	Written
SQ16-000660	0 - Whole of Portfolio	Watt	Flexible Funds Transition	For the organisations which were unsuccessful in applying for the Heath Peak Advisory Bodies Programme (as per SQ16- 000229), please provide the value of their most recent contract under the previous Flexible Funds program. Please include the total value as well as a breakdown by year.	Written
SQ16-000661	0 - Whole of Portfolio	Watt	MBS/PBS Data Breach	In relation to the breach of information in the MBS and PBS datasets published on the data.gov.au website: a) On what date and time was the Department informed that there was vulnerability in the MBS and PBS datasets published on the data.gov.au website? b) When was the data pulled off the website? c) When was the Office of the Australian Information Commission notified of this breach? d) How many line items of data were used in the datasets – both in terms of individuals, and health service providers? e) When did this information date back to? Is it correct it dated back to the 1980s? f) On how many occasions was this information accessed? Is the Department aware who accessed the information? If so please detail whether the information was accessed by individuals or other entities. g) The Department released a statement on September 29 confirming a data breach. When was this statement originally prepared? h) Did anyone in the Minister's Office give the Department advice or instruction on the timing of the announcement of the breach? i) Has the Department reviewed any other datasets, either on data.gov.au or on the Departmental websites, for similar vulnerabilities? j) Have any staff been counselled or disciplined over the breach?	Written
SQ16-000662	2 - Health Access and Support Services	Watt	Health and Hospitals Fund	Please provide a final breakdown of spending under the Health and Hospitals Fund, by project, state and year.	Written
SQ16-000663	4 - Individual Health Benefits	Watt	Diagnostic Imaging Equipment	Please provide an average capital cost for the following pieces of diagnostic imaging equipment, including all necessary installation, equipment and other related costs: a) MRI machine b) PET scanner c) X-ray machine	Written

SQ16-000664	2 - Health Access and Support Services	Watt	Rural Health Commissioner	a) When will the Rural Health Commissioner be appointed? b) Has the Government decided on a model for the Commissioner? c) What skills will the Commissioner be expected to have? d) Will the Commissioner be just a single person in the Health Department or the head of an agency? e) Will the Commissioner have any staff? f) What powers will the Commissioner have? g) What funding will be provided to the Commissioner to carry out their role?	Written
SQ16-000665	2 - Health Access and Support Services	Watt	Public Hospital Incomes	What is the average annual salary of doctors in Australian public hospitals? Please provide a national average as well as state and territory averages	Written
SQ16-000666	2 - Health Access and Support Services	Polley	Indigenous Suicide Prevention Strategy	In regards to the Indigenous Suicide Prevention Strategy can the Department confirm that the funding quarantined for this strategy has gone into the flexible funding pool? If yes - is the Department confirming these funds are no longer quarantined? How much of the funding is no longer quarantined? Are the Primary Health Networks been given any directives as to how this money should be spent? Who should provide the services in this area that they commission?	Written
SQ16-000667	2 - Health Access and Support Services	Watt	Public Hospital Incomes	What is the average annual salary of nurses in Australian public hospitals? Please provide a national average as well as state and territory averages	Written
SQ16-000668	2 - Health Access and Support Services	Watt	Integrated Rural Training Pipeline	Has a request for proposal been released by the Department for the Regional Training Hubs and if so: (a) On what date was the request for proposal released? (b) How many responses have been received?	Written
SQ16-000669	2 - Health Access and Support Services	Watt	Integrated Rural Training Pipeline	Will the Specialist Training Programme posts for 2017 be allocated before the Regional Training Hubs are established?	Written
SQ16-000670	2 - Health Access and Support Services	Polley	PHN Reform	In relation to how the PHNs will commission services can the Department clarify why the PHN's cannot commission early psychosis or psychosocial services? What evidence was used to make this assumption? Has the Department ever advised the Health Minister of any concerns or issues in relation to a lack of mental health expertise across any of the PHNs?	Written
SQ16-000671	2 - Health Access and Support Services	Watt	Integrated Rural Training Pipeline	How will the allocation of the Regional Training Hubs and the additional Specialist Training Programme posts be matched to medical workforce needs in different regions?	Written
SQ16-000672	2 - Health Access and Support Services	Watt	Integrated Rural Training Pipeline	a) Where are the funds for the measures in the Integrated Rural Training Pipeline coming from? b) Have other training programs been cut to fund these measures? If so, which programs?	Written
SQ16-000673	2 - Health Access and Support Services	Watt	Integrated Rural Training Pipeline	a) What is the status of the expansion of the Specialist Training Programme? b) Have contracts been issued yet? If not, when will they be issued?	Written
SQ16-000674	2 - Health Access and Support Services	Polley	PHN mental health lead sites	"I note the Government has stated clearly in its election policy that 10 PHN mental health lead sites would start implementing a stepped care model from July 2016? Has this occurred? If yes, can you provide details? If not, why not? Is the Government on track to roll out the 10 sites? Are there any delays? Is there any data, analysis or assessments being carried out to identify where service gaps and needs are? Will this mean that there will be a loss of services for some people? Are the 10 PHN lead sites funded out of the \$192 million? If not, can the Department provide details on how the 10 PHN mental health lead sites are funded? "	Written
SQ16-000675	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	What is the current status of the Health Workforce Scholarship Programme?	Written
SQ16-000676	2 - Health Access and Support Services	Polley	PHN lead sites	The Government has announced the 10 PHN lead sites. Can the Department explain why the Government did not consider a PHN lead site in the Northern Territory?	Written
SQ16-000677	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	When will a tender be released for administration of scholarships?	Written
SQ16-000678	2 - Health Access and Support Services	Polley	PHN Funding	Can the Department outline how the 31 PHNs have been funded including any one-off grant payments since the PHNs have been established as well as across the forward estimates? Can the Department confirm funding will increase to the PHNs from \$350 million to \$380 million across the forward estimates or beyond? Can the Department also include the amount of funding that has been redirected to the PHNs from other programs and the names of those programs? Can the Department provide a state and territory breakdown?	Written
SQ16-000679	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	Will the programme commence in time for the 2017 academic year and if not what alternatives have been put in place for students?	Written
SQ16-000680	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	Does the Health Workforce Scholarship Programme combine six health workforce scholarships into a single programme?	Written
SQ16-000681	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	How is the saving of \$72.5 million over the forward estimates being distributed across the different scholarships?	Written

SQ16-000682	6 - Ageing and Aged Care	Polley	Residential aged care funding budget measures	"Can you provide a full copy of the parameters paper on the Government's Aged Care Funding Instrument Budget measures that were provided to the aged care sector committee, the expenditure working group and other providers during consultation on alternatives to the measures? The 2016 included an allocation of \$53.3 million for a transitional assistance fund to support providers. Can you explain what this funding is for? How much of this funding has been expended and through what process? How and when will the rest of it be expended?"	Written
SQ16-000683	2 - Health Access and Support Services	Watt	Health Workforce Scholarship Programme	How have the new scholarship numbers been calculated?	Written
SQ16-000684	2 - Health Access and Support Services	Watt	GP Numbers	Does the 2015 medical workforce data show a decline from 2014 in the number of full-time equivalent general practitioners in Outer Regional, Remote and Very Remote areas?	Written
SQ16-000685	2 - Health Access and Support Services	Watt	GP Numbers	Are doctor numbers decreasing in rural areas?	Written
SQ16-000686	2 - Health Access and Support Services	Watt	Health Care Homes	The Government says it is ""investing nearly \$120 million to roll out the first stage of Health Care Homes, including over \$90 million in payments to support patient care and \$21 million for infrastructure, training and evaluation."" a) What are the sources of this funding? I.e. how much is being redirected from which programs? Please provide a breakdown by year and program b) How will this funding be used? Please provide a breakdown by year, PHN and if possible patient cohorts and clinical activity	Written
SQ16-000687	2 - Health Access and Support Services	Watt	Health Care Homes	In terms of the detailed design of Health Care Homes: a) How were the 10 Primary Health Network trial sites selected? b) How will the 200 general practices be selected? To what extent will Aboriginal Medical Services be able to participate? c) How will the 65,000 target patients be identified? How will they be recruited, given enrolment is meant to be voluntary? d) What will be the criteria for evaluation? Who will conduct it?	Written
SQ16-000688	6 - Ageing and Aged Care	Polley	Residential aged care assessment reviews	Can you provide data on how many ACFI claims have been reviewed, downgraded and upgraded through the validation process each year and in each state/territory over the 10 years to 30 June 2016? Can you detail how many of these reviews have been appealed and what percentages of these appeals were successful?	Written
SQ16-000689	2 - Health Access and Support Services	Watt	Public Hospitals	Based on Commonwealth data and data provided by the states and territories, please provide a breakdown of the use of Commonwealth payments to the states and territories for public hospitals by: a) State or territory b) Local Hospital Network (or similar) c) Hospital Please provide this data for each year of the forward estimates.	Written
SQ16-000690	4 - Individual Health Benefits	Watt	Bulk Billing	For each Commonwealth electorate, please provide the percentage of GP services that are bulk billed. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000691	4 - Individual Health Benefits	Watt	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients that are bulk billed for GP services. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000692	4 - Individual Health Benefits	Watt	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of item 23 GP services that are bulk billed. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000693	6 - Ageing and Aged Care	Polley	Residential aged care consultant review	It was stated that experts from the University of Wollongong have been engaged to 'reviewing how to assess the care needs of residents', with a view to have the process performed by external, third-parties. Can you detail how the University of Wollongong has been engaged and what the terms of the engagement are - including costs and time frames. Can you provide the brief that the University of Wollongong was given? Does this engagement include a review of ACFI, with a view to reforming the instrument or introducing a new funding tool? If it does, why have you chosen to conduct this review through a contractor, rather than through the Living Longer Living Better Legislative review, or through another independent review process that would engage with the consumers and sector affected by the current system?	Written
SQ16-000694	6 - Ageing and Aged Care	Polley	Residential aged care funding	In a recent Judgement the Full Federal Court found ACFI documents are "riddled with ambiguous, uncertain and inconsistent language" and that they should be reviewed (http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/cth/FCAFC/2016/108.html?stem=0&synonyms=0&query=DLW%20health%20services). Do you disagree with the Full Federal Court of Australia?	Written
SQ16-000695	4 - Individual Health Benefits	Watt	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients who are bulk billed for item 23 GP services. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written

SQ16-000696	6 - Ageing and Aged Care	Polley	Residential aged care additional fees	Regarding the update (https://agedcare.health.gov.au/programs/residential-care/charging-fees-for-additional-care-and-services-in-residential-aged-care-including-capital-refurbishment-type-fees) published on the Ageing and Aged Care section of the Department of Health's website on 2 September 2016: When was the government first advised that providers were charging these fees? Can you how many complaints you received regarding these fees and over what period of time? What was the reason for the delay in responding to these fees? Can you provide the legal advice on which that information published is based? What process are you going through following this advice with regards to consumers who have been paying these fees or providers that have been charging these fees? Why weren't these fees investigated on a case-by-case basis, instead of through a broad, non-legally binding statement?	Written
SQ16-000697	4 - Individual Health Benefits	Watt	Bulk Billing	For each Commonwealth electorate, please provide the percentage of specialist services that are bulk billed. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000698	6 - Ageing and Aged Care	Polley	Residential aged care data	"Can you provide the number of providers, services, places and residents in residential aged care to 30 June 2016 and comparable data for each year since the commencement of the current ACFI model by ownership type, remoteness location and scale? Can you provide the proportion of permanent residential aged care residents by age (under 70, 70-84, 85+), 2009-2016? Can you provide the average length of stay, by gender, state, remoteness and total 2009-2016? Can you provide the average elapsed time (less than one week, less than one month, less than three months, less than six months, less than 12 months, more than 12 months) between receiving an assessment to enter residential aged care and entering care by state for 2009-2016? Can you provide the residential aged care provider average EBITDA per resident per annum 2009-2016 by ownership type, remoteness location and scale? Can you provide the residential aged care provider projected average EBITDA per resident per annum by ownership type, remoteness location and scale before and after the government's 2015-16 MYEFO and 2016 Budget measures?"	Written
SQ16-000699	4 - Individual Health Benefits	Watt	Bulk Billing	For a) Australia b) each state and territory and c) each Commonwealth electorate, please provide the percentage of patients who are bulk billed for specialist services. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000700	6 - Ageing and Aged Care	Polley	Aged Care Roadmap	Can you tell us what status you attach to the Aged Care Roadmap? Is it Government policy? If not, why not? If not, what is the Government's long term vision for aged care beyond Consumer Directed Care? How much was spent on the Aged Care Roadmap? Can you provide a detailed response to each of the recommendaions of the Aged Care Roadmap, or at least a response to how the recommendations fit into existing arrangements? Will the Government provide any funding to implement any of the recommendations of the Aged Care Roadmap?	Written
SQ16-000701	4 - Individual Health Benefits	Watt	Bulk Billing	For each Commonwealth electorate, please provide the average out-of-pocket cost for privately billed GP services. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000702	4 - Individual Health Benefits	Watt	Bulk Billing	For each Commonwealth electorate, please provide the average out-of-pocket cost for privately billed specialist services. This data should be provided by year and quarter and go back 10 years (or as far as practicable) to allow for comparison.	Written
SQ16-000703	4 - Individual Health Benefits	Watt	Service Usage	On average, how many of the following services do Australians use each year? A) GP services b) Specialist services C) Pathology services d) Diagnostic imaging services	Written
SQ16-000704	4 - Individual Health Benefits	Watt	Bulk Billing	Is the Department aware of any GPs or practices that have stopped/restricted bulk billing and/or increased existing fees, and attributed this to the 'freeze' on Medicare rebates? Please provide any examples of which the Department is aware.	Written
SQ16-000705	6 - Ageing and Aged Care	Polley	Living Longer Living Better Legislative Review	Can you detail the process and timeline for the Living Longer Living Better Legislative Review including when, where and who will be consulted and how the report will be structured? Will the full review be released publicly, and if so, when will it be release? What is the Budget for the review? Will any advertising be undertaken to encourage engagement in the review, and if so what is the budget? The terms of the review, as per the legislation, state that the Minister can specify any other issues to be considered by the review. Has the Minister specified any such issues? will the Minister specify that the Aged Care Funding Instrument or the cost of providing care in residential aged care be included? If not, why not?	Written
SQ16-000706	4 - Individual Health Benefits	Watt	Bulk Billing	Can the Department guarantee that the 'freeze' on Medicare rebates will not reduce bulk billing and/or increase co-payments for GP services?	Written

SQ16-000707	4 - Individual Health Benefits	Watt	Diagnostic Imaging Licences	How many full or partial MRI licences has the Commonwealth decided to grant since September 2013? (NB This is distinct from the number of licences that the Commonwealth decided to grant prior to September 2013 and implemented after September 2013)	Written
SQ16-000708	6 - Ageing and Aged Care	Polley	My Aged Care	The 2016-17 Budget included an additional \$136.6 million over four years to support the operation of the MyAgedCare contact centre. Can you detail how this funding has and/or will be spent? Can you provide the most up to date annual date for each year since MyAgedCare started detailing: number of enquires, number of calls/enquires that have gone unanswered, average wait-time on the hotline, average time for an enquiry to be resolved, number of complaints received, number of referrals for assessment. Is the Department aware that the telephone contact centre interactions are reportedly causing frustration for consumers? What measures does the Department have in place to ensure that telephone services are adequate? How is the Department monitoring satisfaction with MyAgedCare? Can you provide any data relating to this monitoring? Can you provide a copy of this data, with a comparison to all previous years since My AgedCare started? What proportion of people who are being referred from MyAgedCare for assessment by Regional Assessment Services have diverse backgrounds that mean they have specific needs (CALD, LGBTI, etc)?	Written
SQ16-000709	4 - Individual Health Benefits	Watt	Diagnostic Imaging Licences	How did the Government decide to grant MRI licences to Frankston and Maroondah hospitals? Did the Department provide any advice on those decisions?	Written
SQ16-000710	6 - Ageing and Aged Care	Polley	Workforce Development	During the Election Campaign the Government said it would support the sector to develop a workforce strategy. What has occurred to deliver on this promise? The Department has also widely reported on the fact that the aged care workforce itself is ageing and the sector faces difficulties in attracting and retaining workers. What do you understand are the reasoning for the ageing workforce? What strategies are in place to attract young worker to the aged care sector? An analysis of wage rates for Assistants in Nursing, Personal Care Nurses and Enrolled Nurses show those working in an aged care facility earn between 10-12 per cent less than those working in a public hospital. What role do you think wages will play in the future of the aged care workforce? What strategies are in place to address this disparity in wage rates? Around 90 per cent of personal care workers in the aged care sector are women. What analysis have you done as to why this is the case? What strategies does the government have in place to specifically attract more to the aged care workforce?	Written
SQ16-000711	4 - Individual Health Benefits	Watt	Diagnostic Imaging Licences	Why didn't the Government grant an MRI licence to Tweed Hospital, or other areas around Australia? Did the Department provide any advice on those decisions?	Written
SQ16-000712	4 - Individual Health Benefits	Watt	Medicare Safety Nets	When do the budget papers assume that the Government's 2014 Budget measure Simplifying Medicare safety net arrangements will take effect?	Written
SQ16-000713	4 - Individual Health Benefits	Watt	Medicare Safety Nets	How much do the budget papers assume that the Government's 2014 Budget measure Simplifying Medicare safety net arrangements will save over the forward estimates? Please provide a breakdown by year.	Written
SQ16-000714	4 - Individual Health Benefits	Watt	Medicare Safety Nets	Where exactly will the savings from the Government's 2014 Budget measure Simplifying Medicare safety net arrangements come from? Please provide a detailed breakdown of the services and patients affected	Written
SQ16-000715	4 - Individual Health Benefits	Watt	PBS Prescriptions	On average, how many PBS prescriptions does a general patient fill each year? On average, how many PBS prescriptions does a concession patient fill each year?	Written
SQ16-000716	4 - Individual Health Benefits	Watt	PBS Co-payment Measure	When do the budget papers assume that the Government's 2014 Budget measure Pharmaceutical Benefits Scheme — increase in co-payments and safety net thresholds will take effect?	Written
SQ16-000717	6 - Ageing and Aged Care	Polley	Increasing Choice in Home Care reform implementation	"Stage one of the Increasing Choice in Home Care reform will commence on 27 February 2017 - Can you detail the implementation process for these reforms? Will there be any transitional funding to assist aged care providers to prepare for the 2017 changes? How are you communicating these changes to consumers and to providers, or potential providers and consumers? What is the cost of communicating these changes? Is there expenditure budgetted for broadcast advertising or any other advertising to communicate these changes? If yes, how much? Can you provide the government's response to the Increasing Choice in Home Care - Stage 1: Discussion Paper Feedback Summary Report (January 2016)? Specifically, what has the government done in terms of implementation in response to 1. stakeholders concerns that the reforms are dependent on further IT system changes to My Aged Care and that recent changes had resulted in delays in referrals to providers and significant waiting times for consumers contacting the call centre and that the system will have to be more stable to support the February 2017 changes 2. the loss of business certainty and the potential impact on financial viability, particularly for smaller providers in rural, regional and remote areas and those catering to special needs groups 3. the need to support ACTAs through the changes 4. the proposal to provide block funding in areas of market failure to assist with covering core operating costs 5. Equity of access for consumers from special needs groups 6. the treatment of unspent funds."	Written

SQ16-000718	4 - Individual Health Benefits	Watt	CDBS	a) How many children receive dental services under the CDBS each year? How many services are provided? b) Please provide these figures for CY 2015, FY 2015-16, and the most recent 12 month period for which data is available (e.g. to the end of the September 2016 quarter) As well as the aggregate figures, please provide breakdowns of each by: i. State or territory; and ii. Commonwealth electorate	Written
SQ16-000719	6 - Ageing and Aged Care	Polley	Increasing Choice in Home Care reform	what factors are being used to determine priority of access to home care packages in the new national prioritisation system? What processes have been put in place to ensure the system is transparent, equitable and open to review?	Written
SQ16-000720	4 - Individual Health Benefits	Watt	CDBS	How many children are eligible for the CDBS in each state, territory and Commonwealth electorate?	Written
SQ16-000721	4 - Individual Health Benefits	Watt	CDBS	Over the most recent two year period for which data is available (e.g. to the end of the September 2016 quarter), how many children received: a) Between \$900 and \$1000 in CDBS services b) Between \$800 and \$900 in CDBS services c) Between \$700 and \$800 in CDBS services; and d) Between \$600 and \$700 in CDBS services Please provide this data in raw numbers and as a percentage of total CDBS recipients	Written
SQ16-000722	4 - Individual Health Benefits	Watt	CDBS	Over the most recent two year period for which data is available (e.g. to the end of the September 2016 quarter), what was the average dollar amount of services received by each child who used the CDBS? On average, how many services were received by each child who used the CDBS?	Written
SQ16-000723	5 - Regulation, Safety and Protection	Watt	Australian School Vaccination Register	Why has a successful tenderer for the Australian School Vaccination Register not been announced?	Written
SQ16-000724	5 - Regulation, Safety and Protection	Watt	Australian School Vaccination Register	Will the Australian School Vaccination Register start on time?	Written
SQ16-000725	2 - Health Access and Support Services	Polley	Suicide Prevention Funding	Can the Department confirm there was a national suicide prevention grants round this year? If yes, can the Department provide the name of the national suicide prevention program, the purpose of the grants and a list the organisations the Department targeted for the expression of interest process? Did the Department target organisations outside of Australia? If yes, what was the reason for going outside Australia? Did the Health Minister sign off on this process? How much funding has been allocated to this grants round and where has the funding been sourced from?	Written
SQ16-000726	2 - Health Access and Support Services	Polley	Mental Health Reform	There is a significant amount of reform being undertaken by the Department of Human Services and the Department of Health. Apart from meetings, is there any overarching process that the Departments have implemented to consider the impacts of these reforms on mental health programs and services? If yes, can the Department provide the analysis? If not, why hasn't any work been undertaken?	Written
SQ16-000727	2 - Health Access and Support Services	Polley	Kids Matter	Kids Matter funding runs out in December 2016 and the Department of Health is yet to release the tender for the continuation of mental health frameworks in primary schools. Can the Department confirm if funding has been extended until June 2017? Can the Department provide the timeline for the tender and the measures that will be put in place to ensure adequate stability for school planning and Kids Matter employees? When will the Government release the tender for the provision of the mental health and wellbeing operational framework for primary schools? What interim arrangements does the Government have in place to ensure the Kids Matter program will be delivered in schools at the beginning of the next school year? Has the Department of Education discussed the continuation of the Kids Matter program with the Department of Health? Has there been an evaluation of the Kids Matter program? What were the findings of the evaluation? How many schools and how many kids have been reached by the Kids Matter program? How many people are employed by the Kids Matter Program? What are the conditions under which they are employed? What is the nature of the uncertainty that will be faced by Kids Matter employees as a result of the repeated extensions and lack of funding certainty?	Written
SQ16-000728	2 - Health Access and Support Services	Polley	Suicide Prevention Target	Given the recent ABS suicide figures and the mental health sector's support for a suicide prevention target can the Department explain the Government's reluctance to adopt the National Mental Health Commission's Suicide Prevention Target of 50 per cent over 10 years? Has the Department ever given any advice or analysis to the Health Minister about adopting a suicide prevention target?	Written

SQ16-000729	2 - Health Access and Support Services	Polley	Fifth National Mental Health Plan	In regard to the Fifth Mental Health Plan, the advice given to the Committee last year during Estimates from Mr Cormack was "Our Minister has indicated that she would like to see the work completed by the end of the year". The COAG Health Council communique stated that a plan has now been drafted but the Council will not consider the plan until April 2017. With consultation only beginning with the sector, why has there been such a huge delay to get this plan to a draft stage? What has been the hold up? With the Fourth Mental Health Plan ending in 2014 what has the Government done about mental health reform from 2015 until now? Can the Department confirm if there will be any additional funding allocated to the Fifth Mental Health Plan? Has the Department ever given any advice or analysis to the Health Minister on including targets, outcomes and measures in the Fifth National Mental Health Plan?	Written
SQ16-000730	6 - Ageing and Aged Care	Polley	Home Care Packages Fees	"The Increasing Choice in Home Care reform are designed to allow consumers to choose to change providers and take any unspent funds (less exit amount) within their package with them to the new home care provider. Can you explain what are legitimate expenses that can be included in an exit fee? What is the maximum amount that a provider can charge for exit fees? What oversight is there over the provision of exit fees? Is the Government concerned by reports of people being charged fees equivalent to up to 70 per cent of a consumer's entire package? What is the Government doing to support consumers and providers on the charging of administration fees? Has the Government considered introducing a cap on the administration fees providers can charge as part of the delivery of home care packages? Has the government considered obligating providers to publish all admin charges on My Aged Care?"	Written
SQ16-000731	2 - Health Access and Support Services	Polley	Suicide Prevention Trial	A roundtable was held in Broome about suicide prevention. It was confirmed in the roundtable communique there will be a trial site in the Kimberley. What advice did the Department give the Health Minister in relation to choosing the Kimberley as a trial site? In the Government's election campaign documents it states "We will also fund an additional eight Suicide Prevention Trials".... "this will bring the total to 12". Can the Department provide details on how it assessed the need to increase the trial sites from 4 to 12? Did the Health Minister ask for any advice or assessment? Can the Department provide a list of where the 12 sites will be located and how much funding has been allocated to each trial site? Can the Department confirm the funding is part of the \$192 million? If not, where is the funding from? What are the timeframes for the rollout of the 12 suicide prevention trials and when will the Kimberley trial begin? Has the Government asked the Department to provide advice in regard to the use of targets and outcomes as part of the rollout of the Kimberley Suicide Prevention Trial and the other trial sites? Can the Department explain how the PHNs and the trial sites will work together?	Written
SQ16-000732	6 - Ageing and Aged Care	Polley	Home Care Provider Approvals	There are currently 53 mandatory criteria that must be considered in approving a provider to deliver home care services. The Increasing Choice in Home Care reform will see the process for becoming an approved provider streamlined and focussed on the ability of the organisation as a whole to deliver quality care. Can you detail how this new process will work and which of the 53 mandatory criteria will no longer need to be met? What safeguards are in place to prevent the reduction in mandatory assessment criteria leading to the approval of shonky providers? What protections do you have in place to prevent a 'race to the bottom' by providers attempting to maximise profit at the expense of care? Particularly in regional and rural communities where there may not be adequate competition, or in the provision of care for people with special needs?	Written
SQ16-000733	6 - Ageing and Aged Care	Polley	Home Care Packages data	Can you provide annual data to 30 June 2016, and comparable data for each year since the commencement of the Home Care Packages Program by package level, state/territory and remoteness of: occupancy rate; total operational home care packages; new aged care package allocations; met demand of packages approved, unmet demand of packages approved; and the average length of time people approved for a home care package are operational before changing levels or exiting the package.	Written
SQ16-000734	6 - Ageing and Aged Care	Polley	Home Care Packages Waitlists	Can you provide annual data to 30 June 2016, and comparable data for each year since the commencement of the Home Care Packages Program by package level, state/territory and remoteness for the rate of people who commenced their packages after their initial ACAT approval within one month, within two months, within three months, within four months, within five months, within six months, more than six months.	Written
SQ16-000735	2 - Health Access and Support Services	Polley	Headspace	In 2013, the Abbott Government committed to increasing headspace centres to a total of 100. There was a commitment for these to be fully operational by 2017. Are the 100 centres on track to be open by 2017? Can you provide a list of where these 100 headspaces will be located by state and territory? Is the funding for all 100 headspaces and the additional 10 headspaces guaranteed past 2018? After 2018, will any of the headspace centres have to compete for funding so they can remain open? Can the Department provide the amount of funding that has been redirected from headspace to the PHN's?	Written

SQ16-000736	6 - Ageing and Aged Care	Polley	Home Care Package supply	Can you provide the age profile of people in home care, at 30 June 2016, compared to the previous years since the start of the Living Longer, Living Better reforms? The Living Longer, Living Better reforms projected the total number of Home Care Packages to increase to around 100,000 packages by 2016-17. Will the Government make this target?	Written
SQ16-000737	6 - Ageing and Aged Care	Polley	Home Care Package provider data	Can you provide annual data to 30 June 2016, and comparable data for each year since the commencement of the Home Care Packages Program by provider ownership type (not-for-profit, for-profit, government), remoteness and scale for: expenditure per package per year on admin and management fees, direct care costs and other expenditure, average EBIDTA	Written
SQ16-000738	6 - Ageing and Aged Care	Polley	Accommodation pricing approvals	Can you provide, as at 30 June 2016, the number of Rooms by Approved Price (\$551,000 to <\$700,000; \$700,000 to <\$850,000; \$850,000 to <\$1,000,000; \$1,000,000 to <\$1,250,000; \$1,250,000 to <\$1,500,000; \$1,500,000 and above)?	Written
SQ16-000739	2 - Health Access and Support Services	Polley	Mental Health Funding	How did the Government calculate it needed \$192 million for its mental health election commitments that were announced by the Prime Minister? Did the Department provide any analysis or advice to the Government on the funding package of \$192 million before the election or after the election? Has the Department provided any analysis or advice in relation to the \$192 million? Can the Department provide a detailed breakdown of the services and programs across the forward estimates that will be delivered as part of the \$192 million announced by the Government? Can you provide these details by state and territory? Does the Department consider the \$192 million new money? Can the Department confirm \$141 million was removed from mental health programs in last year's MYEFO? Can the department detail what programs were funded within this amount? Can the Department also provide a list of those programs that are or will no longer receive funding from the \$141 million?	Written
SQ16-000740	6 - Ageing and Aged Care	Polley	Myagedcare	Can you detail how the decision was made to only list some allied health professions on the My Aged Care Service Finder? Speech Pathology Australia has raised concerns regarding the current functionality of the My Aged Care Service Finder, which displays only a sub-set of non-commonwealth funded allied health services (i.e. physiotherapy, occupational therapy, and podiatry). Speech pathologists are in the main, not listed on the Service Finder. Can you explain why this is the case? Are there any plans to change this set up? Is there any plan to list speech pathologists, or any other allied health professions in the future, and if so, when?	Written
SQ16-000741	2 - Health Access and Support Services	Polley	National Suicide Prevention Fund	Did the Department provide any analysis, advice or assessment to the Health Minister prior to the tender process occurring for the National Suicide Prevention Fund? If yes, can the Department provide that information?	Written
SQ16-000742	6 - Ageing and Aged Care	Polley	Aged care visits	How many aged care facility visits have Minister Ley and Assistant Minister Wyatt have made since taking on their portfolio duties as part of Malcolm Turnbull's Ministry team? This may be based on the event briefs prepared by the Department for the Ministers if access to their diaries is not possible. Include dates, locations, name of facilities and purpose of the meeting (including whether a speech or media release was required) How many of these visits were to dementia care units?	Written
SQ16-000743	2 - Health Access and Support Services	Polley	Early Psychosis Youth Services	Can the Department provide details around the history, including a timeframe, of the 6 early psychosis youth services that are funded through PHNs? When did the services begin, where are the services being delivered and what are the funding arrangements from their inception and over the forward estimates? Can the Department confirm that 3 of these 6 early psychosis youth services will be trailed in 3 lead PHN sites in Tasmania, ACT & South East Melbourne? Can the Department detail how the National Centre of Excellence in Youth Mental Health will be centrally involved in providing expert advice to PHN lead sites?	Written
SQ16-000744	6 - Ageing and Aged Care	Polley	Sector meetings	Please outline how many meetings Minister Ley and Assistant Minister Wyatt have had with: aged care providers; unions or employer organisations; consumer groups (seniors and aged care) - again based on the meeting briefs prepared by the Department if access to diary's is not possible. Include dates, name of group/organisation (or the type of organisation if confidential).	Written
SQ16-000745	2 - Health Access and Support Services	Polley	Digital Technologies	Can the Department detail what work it has done in relation to the Government's Digital Mental Health Gateway? What, if any work, has been undertaken since 2015?	Written

SQ16-000746	6 - Ageing and Aged Care	Polley	Cost of Recovery measures	As part of the 2015/16 budget the Government announced full cost recovery of accreditation services for residential aged care from 1 July this year for a projected saving of \$30.7 million over four year. Can you detail the full cost recovery implementation plan for accreditation services and when these will be introduced? The original date for implementation was 1 July 2016, but was not met. What is the reason for the delay? When will cost recovery for accreditation commence?? And what is the impact on the Budget of these delays? The sector have called for an open market for accreditation services to be introduced before full cost recovery is introduced. Is this being considered? Is it still the government's plan to see the provision of accreditation services provided by the open market? If so, when will this occur?	Written
SQ16-000747	6 - Ageing and Aged Care	Polley	Aged Care complaints	"The new Aged Care Complaints Commissioner received 2,153 formal complaints about residential, home and community care, 1 January to 30 June 2016, an increase of 11 per cent compared to the corresponding six month period in 2015 (1,938 complaints). How does this compare to the corresponding six month period in 2014, and in 2103? It has been suggested by the Commissioner, and in your Annual Report, that this increase is partly due to the transition to an independent Commissioner and the public becoming more aware of the office and the support offered. Do you have any evidence to support this claim? Do you have any analysis that shows the public are more aware of the office? What other things do you attribute for this increase? How many more complaints have you received since 1 July 2016 to the most recent data you have? How does this compare to the corresponding period in 2015? How many active complaints does the commissioner currently have on the books currently? What do you consider to be a reasonable amount of time to resolve a complaint? How many of those have been active for more than 90 days? How many staff are currently employed at the commission? On average, how many active complaints does each officer have on their caseload currently? Did you think that the commission is adequately funded to provide a high level of service to complaints and to resolve complaints in a timely manner? In your annual report you detail that you receive applications to review 28 cases, and that 13 led to new resolution processes, with an additional four cases will in progress at the time of the report. Can you detail the nature of these reviews, whether they were caused by a lack of resources, poor decision-making, or failure to appropriately investigate or apply a direction? Have you provided any feedback to the government about the operations of the commission, such as whether you are adequately funded, have adequate resources and staff, whether you have adequate enforcement powers or any other advice?"	Written
SQ16-000748	2 - Health Access and Support Services	Polley	Funding for Suicide Awareness	Can the Department detail the amount of funding that is allocated to suicide awareness days around suicide prevention and mental health? This includes days such as R U OK? Day, World Suicide Prevention Day, World Mental Health Day and Mental Health Week as well as the organisations that have received funding since 2013 and across the forward estimates?	Written
SQ16-000749	0 - Whole of Portfolio	Polley	Staffing	a) What is the current number of employees in Health responsible for Aged Care? b) What are the total numbers of the department of Health? c) How many departmental workers were responsible for Aged Care in 2016, 2015, 2014, 2013, 2012? What was their job classification?	Written
SQ16-000750	2 - Health Access and Support Services	Polley	Mental Health Unit	Can the Department provide the following information: Is there a dedicated mental health unit/branch within the Department of Health? How many Departmental staff are responsible for mental health policy? In relation to mental health policy, what is the current staffing hierarchy, including salary/wages levels? Since 2013 has there been any changes in the number of departmental staff responsible for mental health policy? If yes, please provide the staffing numbers for 2013, 2014, 2015 and 2016.	Written
SQ16-000751	2 - Health Access and Support Services	Polley	NDIS	During Estimates there was discussion around those people who will not be eligible for the NDIS. Can the Department provide an update on the work it is undertaking with the Department of Social Services since Estimates? Is the Department of Health and the Department of Social Services now at a point where it has some plan to address this issue? Can the Department confirm it is working on its own interim plan that ensures people who are not eligible for the NDIS will not be left without services? Can the Department detail the number of people who will not be eligible for the NDIS across each state and territory? Can the Department detail the number of people who currently access services under Day-to-Day Living and Partners in Recovery programs by state and territory? Has the Department undertaken any assessment or analysis to establish the number of people that will not be eligible for the NDIS? Has the Department ever given any advise to the Health Minister about the numbers of people that will not be eligible for the NDIS?	Written

<p>SQ16-000752</p>	<p>2 - Health Access and Support Services</p>	<p>Rice</p>	<p>Imported Foods</p>	<p>Food entering Australia is subject to the Imported Food Control Act 1992 and the Imported Food Control Regulations 1993. Under this legislation imported food is inspected and controlled using a risk-based border inspection program called the Imported Food Inspection Scheme, which is administered by the Department of Agriculture and Water Resources. FSANZ provides risk assessment advice to the Department of Agriculture and Water Resources on the level of public health risk associated with certain foods. The department is responsible for inspecting and sampling imported foods to ensure they comply with the Code. a) Has FSANZ provided any risk assessment advice to the Department of Agriculture in relation to any nanomaterial in any foods? b) If an individual imported several tins of infant formula containing nano hydroxyapatite, which is not permitted here, is such an import legal? c) Does FSANZ monitor the import of foods by individuals purchasing online in relation to foods or ingredients not permitted to be sold in Australia or which contain prohibited materials? d) Does FSANZ know the quantities of such foods that are being imported and whether any of those imports are being resold either online or through retail outlets? e) If yes to d), please provide details of the monitoring program. f) Does FSANZ know how much infant formula is imported from the US? g) Has FSANZ advised companies that sell online that infant formula that contains nano hydroxyapatite is prohibited in Australia? h) Has FSANZ advised enforcement personnel at the State level that baby formula that contains nano hydroxyapatite is prohibited in Australia? i) Has FSANZ advised the Department of Agriculture and Water Resources that infant formula that contains nano hydroxyapatite is prohibited in Australia? j) What enforcement actions, if any, has FSANZ taken or advised other agencies to take?</p>	<p>Written</p>
<p>SQ16-000753</p>	<p>2 - Health Access and Support Services</p>	<p>Rice</p>	<p>Glyphosate MRLs</p>	<p>In setting MRLs the OECD recommends: 'Scientific studies including toxicology, residue, animal transfer, processing and metabolism studies are reviewed in relation to determining MRLs. Data requirements include stringent criteria concerning rigor and independence of studies evaluated in assessments. Dietary exposure assessments conducted in determining MRLs are based on food consumption data for raw commodities derived from individual dietary records from the latest National Nutrition Survey.' http://www.oecd.org/env/ehs/pesticides-biocides/45275745.pdf The food MRLs FSANZ has set for canola and cotton have increased by 10 and 15 times respectively following the introduction of GM glyphosate resistant crops. At the same time, the World Health Organisation has come to the conclusion that the evidence is now sufficient to identify glyphosate as a probable carcinogen. What specific studies were relied on by FSANZ to justify increasing the MRLs on food for canola and cotton? a) Please table these studies. b) Please identify which studies addressed toxicology, residue, animal transfer and processing and metabolism. c) How many of those studies were independent - in other words not conducted by, commissioned by or paid for by industry? d) In addition to dietary exposure did FSANZ consider the total exposure load of Australian to glyphosate (inhalation, ingestion and skin exposure)?</p>	<p>Written</p>
<p>SQ16-000754</p>	<p>3 - Sport and Recreation</p>	<p>Farrell</p>	<p>Redundancy Payments</p>	<p>Senator FARRELL: Are you able to tell us or can you find out what the payments were for those redundancy payments? Ms Perdikogiannis : Not to hand. We will take that on notice. Mr McDevitt: We will see if we can provide that for you.</p>	<p>137 - 19/10/2016</p>
<p>SQ16-000755</p>	<p>3 - Sport and Recreation</p>	<p>Farrell</p>	<p>Testing Program Funding</p>	<p>Senator FARRELL: Are you able to say how your testing program—particularly in the lead-up to the Commonwealth Games—and the funding and the staffing that you have compare with other countries? Mr McDevitt: With other Commonwealth Games? Senator FARRELL: No, with other countries who would be conducting Commonwealth Games. Mr McDevitt: I would have to take that on notice to be able to give you detailed figures. It is a little difficult, say, if you are comparing what we are envisaging for the Brisbane games as opposed to the Glasgow games. For example, there are some critical differences, such as our costings will involve keeping the samples that we collect at least seven years, whereas after Glasgow they were not kept, so there are some costs associated with that. There is also a new anti-doping code in force with additional offences that we will have to put energy and effort into and that sort of thing. And, we will be producing quite an extensive education program that we would like to be able to promulgate to other Commonwealth countries—advice to athletes on how this will work— Senator FARRELL: In the lead-up to the games? Mr McDevitt: In the lead-up to the games—yes.</p>	<p>137 - 19/10/2016</p>

SQ16-000756	6 - Ageing and Aged Care	Kakoschke-Moore	Aids and Appliances	<p>Under the NDIS people who are over the age of 65 and who have not been eligible, or found it necessary, to seek support for a vision impairment, are not able to access support to get aids and equipment to ensure they maintain their independence and can continue their daily activities. 1. The majority of people who are blind or vision impaired become so later in life, but the Aged Care Program is not set up to manage people with a disability, and it does not provide aids and equipment with the aim of ensuring people with vision impairments maintain their level of independence. I am aware that the NDIS is a scheme to address the unmet needs of people with non-age related disabilities, but the majority of people who become vision impaired experience symptoms before 65, but are only eligible for, or require aids after 65. The position in the NDIS reflects the Productivity Commission's recommendation that a person needs to acquire their disability before the age of 65, but this does not reflect the reality of vision impaired people, many of whom experience episodic symptoms of vision loss. If the NDIS has the intention of supporting people's independence, why do aids and equipment for people aged over 65 not fall within this category?1a. Will there be an exemption so people who are vision impaired can access the appropriate aids and appliances?2. The Royal Society for the Blind, provides a number of services to people who are vision impaired. They are concerned that there is no block funding available to their service, but that some services had received it under the NDIS. What disability services have received block funding under the NDIS? 2.a Will this process be reviewed to allow services such as the Royal Society for the Blind to access funding to purchase aids and equipment?In a letter my office received, the Assistant Secretary of the Department of Health responded to a constituent on 2 December 2015. The constituent queried how she could purchase aids and equipment required due to her blindness when she is ineligible for the NDIS. The response from the Assistant Secretary stated:"While the Home Care Package is not intended to be an aids and equipment scheme, some aids and equipment, including custom-made aids, can be provided to a consumer where this is identified in their care plan and the items can be provided within the resources available for the package". The letter also states that "the Commonwealth Home Support Programme provides low level support to eligible older people including aids and equipment".The Home Care Packages webpage and the Commonwealth Home Support Program webpage on the My Aged Care website both make no reference to aids and equipment being able to be purchased through these programs. Instead, the webpages mention that support services, personal care, nursing, allied health and other clinical services and case management can be funded through these schemes. Can you confirm that Home Care Packages can be used to purchase aids and equipment, particularly for those who are blind or vision impaired?3.a Can you confirm that the Commonwealth Home Support Program can be used to purchase aids and equipment?4. If both schemes can be used to purchase aids and equipment, why are their respective webpages on the My Aged Care website silent about this?5. How do you anticipate elderly people with a disability would be aware that they can access aids and equipment through both of these schemes?6. Has the Government reviewed the Home Care Package to determine whether it could meet the needs of people who are vision impaired, but who do not fit into the eligibility of a home care package?</p>	Written
SQ16-000757	0 - Whole of Portfolio	Di Natale	Flexible Funds	<p>Senator DI NATALE: Going back to the question of flexible funds—this may be an area you need to take on notice as well—given that a number of the flexible funds were specifically targeting this area, drug treatment, do you have this information available? It would be interesting to know whether the existing funds were all rolled over into this outcome, and the quantum of funding for those compared to what was previously allocated. Dr Southern: My understanding is that there were two flexible funds which dealt with alcohol and drug services, research and a couple of other things and both of those have collapsed into one of the programs in outcome 2.4.</p>	97 - 19/10/2016
SQ16-000758	6 - Ageing and Aged Care	Smith	Per Person Cost	<p>Senator SMITH: This is my last point. Dr Hartland, you talked about the expected per person cost from 2015-16 being \$59,900 and it going up to \$66,594 in 2019-20. This may not be a useful exercise, but, if this issue was not addressed, what does the per person cost become in 2019-20? Is it 5.2 per cent greater than \$66,594? Dr Hartland: I do not have that figure. It is a bit late in the evening to be doing maths! Mr Bowles: It would not be 5.2 per cent. The current growth to get to \$66,594 is 5.1 per cent per annum in the out years. Senator SMITH: Okay, I will put that on notice.</p>	129 - 19/10/2016