

**Community Affairs Committee**  
**Additional Estimates Hearing, 20 February 2019 - Health Portfolio**

PDR No	Outcome	Senator	Broad Topic	Question	Type of Question: Hansard / Written
SQ19-000003	1 - Health System Policy, Design and Innovation	Watt, Murray	Peak Body Funding	<p>Senator WATT: The 14 peak bodies. When was that decision made to not index their funding? Senator Scullion: Obviously when the funding agreement was first accepted—there's a funding agreement. They've asked for indexation to start in December, and the minister indicated to the group that, no, we weren't going to index. But it can't be characterised as something we're taking; it is something that was never there. This is something that is about administration, as I've indicated, and infrastructure and those sorts of things. Senator WATT: Those costs do increase. Senator Scullion: As they do for everyone. But the notion that somehow that would prevent people from providing the very valuable policy that they do wasn't accepted by government. Senator WATT: So you reject the claim from these groups that this decision translates to a real funding cut of 16 per cent? Ms Beauchamp: Senator, it's probably looking at the funding they have received on an ad hoc project basis over the last few years. As Ms Edwards said, there's two years of funding that's been provided for the peaks, and that provides a level of certainty. We would take on notice the funding arrangements and the amount of funding that's been applied over the last few years, because it has been on a project basis as well.</p>	20/02/2019 - Proof Hansard Page 9
SQ19-000004	1 - Health System Policy, Design and Innovation	Smith, Dean	Health Peak and Advisory Bodies Funding Programme	<p>Senator DEAN SMITH: On the same point, now that the letter has been distributed, it is worth drawing to everyone's attention that the opening paragraph says, 'We write to express our appreciation for the recent announcement with respect to the Health Peak and Advisory Bodies Funding Programme'. That's not to take away from Senator Watt's specific point about the CPI indexation. But then, Ms Edwards, you mentioned to get a proper understanding of the funding that is available to these particular peaks it's necessary to understand not only this program but also the other sorts of programs that they have access to or are being funded to deliver a variety of services for. In their statement, the third paragraph is about the challenge of attracting and retaining high-quality staff, which is not a challenge unique to these peaks but is across the community. They go on to say, 'and meeting ongoing increasing costs of providing programs and services'. That's not completely accurate, because they may in fact be eligible for or in receipt of other moneys to be running programs and services. Ms Edwards: They may. It will depend on each individual organisation. Senator DEAN SMITH: Of course. So, when we come back to this particular point later in the day, you'll be able to provide me with, for example, AFAO or others in terms of the sorts of funding that they might already be accessing? Ms Edwards: I would think that by this afternoon we could provide some examples. If senators wanted a full breakdown of all of the organisations, we'd have to take that on notice.</p>	20/02/2019 - Proof Hansard Page 10
SQ19-000005	2 - Health Access and Support Services	O'Neill, Deborah	Productivity Commission - Mental Health Funding	<p>Senator O'NEILL: We will return to this, but I am concerned, and I continue to get information, that this is the total of Australian government spending, Commonwealth spending, and that commentary that has been there about the states being embedded in it is not accurate. You can talk about all the other programs that might draw some dollars from the mental health point of view but the mental health spend clearly, according to the PC, is going down. Senator Scullion: That just isn't accurate. We've just had the officer indicate the much narrower perspective of the Productivity Commission's data that they are providing. We have a much wider not only perspective but also investment in mental health. The start of the Productivity Commissioner's report, and each of those tables, looks quite narrowly at exactly what they are. What we are saying is that— Senator O'NEILL: But they're measuring the same thing every single year. You don't have to compare the two of those separately. Every single year the Productivity Commission records that there is decline in funding. They're measuring the same thing every year and their funding record is going down. Senator Scullion: You've indicated why it is the case that we have different information. We are saying that we are using a different and broader dataset. That has been the case. This is specifically from the commission report. Ms Edwards: Perhaps we could take on notice, Senator, a table which compares—if we can talk to the Productivity Commission about what they've included and what numbers they have, compared to our understanding, which would give you a clear picture of what's comparable and what isn't. Ms Beauchamp: Also it's probably almost 18 months out of date, as it related to the end of June 2017. Senator O'NEILL: Some of the programs you've indicated that you've added into your numbers to make it look the way you want it to look include funding for promotion, prevention and early intervention in mental health, which is another thing that's fallen under this government. Ms Beauchamp: Senator, we don't include numbers to make up a story. They are based on fact and budgets. So if we can get that information to you and update those Productivity Commission figures—we absolutely, I can reassure you, base the evidence on the facts.</p>	20/02/2019 - Proof Hansard Page 12-13

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SQ19-000006	2 - Health Access and Support Services	Dodson, Patrick	Primary Health Networks	<p>Senator DODSON: In relation to the Primary Health Networks that administer the \$4 million, can you provide me with a breakdown of each of those sites and how much money has gone to the Aboriginal community controlled health services, to Aboriginal medical services, to other mainstream services, to headspace or to other suicide prevention services. Ms Gleeson: I'd have to take that level of detail on notice. Both the Kimberley and the Darwin trials are receiving \$4 million each over the four years, so it's a total of \$8 million. But I don't have that level of detail in terms of what actual service providers they're commissioning in the process of the trial. Ms Edwards: On notice, we can provide you with a full report of what's happening in those trial sites in terms of what organisations have been involved in planning and service delivery and where the funding is being allocated. That would be very useful. As you know, the coroner has just made a report on the Kimberley and there seems to be a lot of discussion but not necessarily knowledge about where any of this money is going and how effectively it's being used. Hence my questions. Do service providers undergo any cultural competency training in any of these fields? Ms Gleeson: I understand that a number would, but, again, I would have to take that on notice to confirm what the specific contractual requirements are. Senator DODSON: Can you also take on notice who provides that. Are they local? If they're not local providers, who are they? Can you also tell me whether the organisations who are the beneficiaries of these public funds have any crisis management plans, basically to do with the after-hour service period? Ms Gleeson: That issue was highlighted by Mr Wyatt recently in his comments about services being nine to five. I couldn't comment on whether they have specific crisis plans. PM&amp;C fund the National Indigenous Critical Response Service, which responds in the period immediately after a suicide's occurred in a community, but in terms of the actual after-hours service providers, we don't know the answer to that. Ms Edwards: We will provide on notice what you asked for.</p>	20/02/2019 - Proof Hansard Page 76
SQ19-000007	0 - Whole of Portfolio	Di Natale, Richard	Primary Care Funding	<p>Senator DI NATALE: What does that 5.4 per cent increase reflect? What elements have increased? Mr Yannopoulos: A range of elements. Primary care went up 18.2 per cent and hospitals 7.5 per cent. Senator DI NATALE: Why the significant primary care increase? Mr Yannopoulos: I might have to take that on notice, just to unpack it. It was a \$273 million increase. It will be as a result of some measures that were in effect for 2018-19. Senator DI NATALE: You don't have those on hand? Is it additional MBS item numbers? Does it relate to— Mr Yannopoulos: In 2018-19 there were new and amended listings in pharmaceutical benefits, PBS— Senator DI NATALE: I'm just interested in the breakdown of that increase, perhaps just in terms of percentage increases within those other areas. Do you have those? Mr Yannopoulos: I don't have them cut into percentages. Senator DI NATALE: I want to unpack the 18.2 per cent increase in primary care and find out what the biggest component of that was. Mr Yannopoulos: There are officers here who will be able to help me give that breakdown, but I don't have it in that way. Senator DI NATALE: Great. If you could spend a bit of time doing that, that would be good. I'm just interested in finding that out. You said 18.2 per cent was primary care. What was the 7.5? Mr Yannopoulos: That was in hospitals. Those are the material increases. The MBS was up 3.4 per cent. Senator DI NATALE: The primary care components are PBS. What were the other elements? Mr Yannopoulos: There was an initiative to strengthen primary care. There was—let me create a table that can answer your question.</p>	20/02/2019 - Proof Hansard Page 14-15
SQ19-000008	2 - Health Access and Support Services	Dodson, Patrick	Primary Health Networks	<p>Senator DODSON: Okay. Can you inform me about what measures are being put into place that ensure clinicians, particularly in these remote places, don't suffer from burnout? Can you sustain them in these roles? I presume you have one clinician in Kununurra who goes to Halls Creek on a monthly basis—if that person is well. Otherwise, Halls Creek, which has had three suicides—which is in this coroner's report—receives no professional service help for a community of nearly 2,000 people. Ms Edwards: Again, we can take on notice how we deal with those. They are very good points that you've raised. Obviously, the strain on clinicians and others working in these areas is very great, and it's important. There is a mixture of things there to do with how we support Aboriginal-controlled health centres on those issues and what they do themselves, and also other clinicians. We'll come back to you about how we're addressing that.</p>	20/02/2019 - Proof Hansard Page 76
SQ19-000009	0 - Whole of Portfolio	Watt, Murray	Investigation into Bullying Allegations within Minister Wyatt's Office	<p>Senator WATT: So you're not aware of whether the investigation is complete yourself? Senator Scullion: No, I'm not. Senator WATT: Ms Beauchamp, are you aware of that? Ms Beauchamp: I'm aware that there was an investigation being undertaken—nothing to do with the department. I don't know any of the details of either the timing or the content of the investigation. Senator Scullion: We'll take that on notice, Senator.</p>	20/02/2019 - Proof Hansard Page 18
SQ19-000010	2 - Health Access and Support Services	Dodson, Patrick	Mental Health Clinicians	<p>Senator DODSON: Okay. Can you also take on board—because I presume you don't have this to hand—the number, type and frequency of mental health clinicians who visit Kalumburu, Broome, Lombadina, Wyndham, Mud Springs, Kununurra, Violet Valley Station, Halls Creek and Wungo Community? They're all co-related to where these young people have died. Ms Edwards: We'll certainly make inquiries and come back with all the information we can. Obviously, we're not aware of exactly which clinicians are practising wherever. But we can talk to the state government and come back with what information we can about what's available in those communities. You might want to tell us what they were again, or put them on notice. Senator DODSON: Okay, I'll put them on notice for you. Can you also provide an update on the progress of the suicide prevention trial sites? Where are they up to? How much of the funding has been spent for each of those trial sites, including the administrative costs? And can you please provide the most recent data available on those questions? Ms Edwards: Absolutely. We'll combine that with what I've previously said we'd provide you with on notice. We'll provide you with all that information in relation to those particular trial sites. We can also provide it with the other— Senator O'NEILL: If you're doing that, I know that Senator Dodson is particularly— Ms Edwards: Interested in Kimberly— Senator O'NEILL: on a journey of the heart with the people in the Northern Territory and in Western Australia, but the 12 sites across the country are certainly of interest to us. Ms Edwards: We can provide an update on all the sites.</p>	20/02/2019 - Proof Hansard Page 76-77

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SQ19-000011	0 - Whole of Portfolio	Watt, Murray	Investigation into Bullying Allegations within Minister Wyatt's Office	Senator WATT: How many DLOs have been employed in Minister Wyatt's office since he became the Minister for Aged Care? Ms Balmanno: We'd have to take that on notice, but generally our approach is for DLOs to remain in office around 12 months. We think that's a reasonable length of time to work in that role and people often need a break after that. But we would have to take on notice the exact number and the times.	20/02/2019 - Proof Hansard Page 20
SQ19-000012	2 - Health Access and Support Services	Siewert, Rachel	Primary Health Networks	Senator SIEWERT: Thank you. How confident are you that the money that's been allocated is actually going to meet the need? What numbers are you using in terms of the analysis for the number of people that will need support outside the NDIS? Ms Edwards: It's been costed et cetera through a budget process and so on. I don't have enough information at this stage—though my colleagues may be able to add to this—to be definitive at the moment. It seems like the appropriate bucket. We're watching it very carefully. As I said earlier in response to another senator's question, our commitment is to provide continuity of support. If there's an issue there we'll deal with it and be aware of it. But, at the moment, there's nothing to suggest that it's not sufficient funding. It has certainly been appropriately costed and prepared. Senator SIEWERT: There's continuity of support, which is, with all due respect, easier to calculate because they're a known quantity. There are some unknown, and I'm not going to go down the unknown route. We don't know how many will be eligible. Ms Edwards: Agreed. Senator SIEWERT: It's the group that are currently not receiving supports, so an unmet need— Ms Edwards: Unmet need, we know, has been a very major issue for a long time. We have gone a long way towards incrementally meeting that need. The psychosocial measure is an important part of that. As you know, government has been continuing to make commitments about mental health, and that's been improving. I would be foolish to say we have met every need in the community. We'll be continuing to monitor it and see the best way to deal with it. It's an ongoing process and one we watch very carefully. Senator SIEWERT: I heard what you said about there being a budget process. Does that mean that you can't tell me because there was a budget process, or does that mean that you can't provide the numbers now? Ms Edwards: I think we could take on notice to provide you what we can. I suspect there'll be a mixture of the two things. I can't tell you, because I don't know. Much of that would have been done in another agency and/or in the budget process. Perhaps we could come back to you and give you what we can tell you about the manner in which it's been calculated.	20/02/2019 - Proof Hansard Page 78
SQ19-000013	0 - Whole of Portfolio	Siewert, Rachel	Datasets around deaths in aged care	Senator SIEWERT: What I'm particularly interested in is looking at death reviews, which is what the health care commission were calling it when I was asking them about it the other day. But I'm particularly interested in whether you are also then able to access datasets around deaths in aged care or are you just looking at the hospital records? Mr Sandison: It would depend on the detail that we have. Most of the information that we have in aged care is the broader service statement of activity. So, as to whether it described the deaths, I'm uncertain of that from the aged care data that we actually access, so I'd have to take that on notice. Senator SIEWERT: So the picture that would come from your study looks like it'll give us some glimpses on deaths and the association with hospital visits and the so-called shuffle between aged care and— Mr Sandison: Potentially. Senator SIEWERT: Potentially. But it may not give us the full picture because you may not be able to access some of the information around deaths in— Mr Sandison: I'd have to ask the team about the full details and the data attributes that we have on aged care, because there is a lot there that we look after in relation with the department. We can take that on notice. Senator SIEWERT: Could you take that on notice—that would be appreciated—in terms of what are the datasets, whether you are able to—what type of picture you are going to be able to give us on the deaths? Mr Sandison: The issues of deaths—certainly.	20/02/2019 - Proof Hansard Page 25
SQ19-000014	6 - Ageing and Aged Care	Polley, Helen	Wait Times - Home-care Packages	Senator POLLEY: Okay, so if we could have, for the committee's benefit, the waiting times as of December 2018 please. Ms Beauchamp: I'd like to take that on notice, because, as we've heard, we're still in the process of pulling together that information for the next home-care report, and that will be for the end of December.	20/02/2019 - Proof Hansard Page 37
SQ19-000015	2 - Health Access and Support Services	Siewert, Rachel	Primary Health Networks	Senator SIEWERT: I'll need to check how many residential aged-care facilities there are, but that's only a portion of the number of residential aged-care facilities. Mrs Spencer: I should have said that this measure will incrementally roll out as well, so that number will increase. It commenced on 1 January this year, and over the next three years there will be a significant increase in funding available to PHNs to roll that out. Senator SIEWERT: That will ramp up? Mrs Spencer: That's correct. Senator SIEWERT: Did you say how many trials are occurring? Mrs Spencer: There are approximately 15 trials. Senator SIEWERT: Are they all doing different trials? Mrs Spencer: Yes. I'd have to take on notice the actual details of what each PHN is doing in relation to those particular trials, but we certainly know that they're trialling a variety of activities in residential aged-care facilities to meet the residents' needs. They'll see how that goes and, if that goes well, they'll make decisions about rolling that out further.	20/02/2019 - Proof Hansard Page 79
SQ19-000016	6 - Ageing and Aged Care	Watt, Murray	Home-care Packages	Senator WATT: That's the February announcement. But you say that those 10,000 are being allocated across 2018-19 and 2019-20. Can you give me the breakdown of each year? Mr Haslam: I don't have that breakdown in front of me, Senator. Senator POLLEY: Can you just take that on notice and come back to us before we finish today.	20/02/2019 - Proof Hansard Page 38
SQ19-000017	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	Senator O'NEILL: If you could still give me the amounts in the forwards on notice, that would be good. So, in answer to my question about how much they're receiving, they know that they're getting this percentage, which is the variation from site to site. When can the centres expect to receive this additional funding? When will they actually get the money? Ms Gleeson: It will vary according to the PHN. As you've said, they need to amend their contracts with the headspace lead agencies to provide that additional funding. Senator O'NEILL: I want to get a sense of timing, not process. When will they get the money? Dr Morehead: We can take on notice when the PHNs are delivering that money, but they can basically get the money from now for this financial year.	20/02/2019 - Proof Hansard Page 83

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SQ19-000018	6 - Ageing and Aged Care	Polley, Helen	Home-care Packages	Senator POLLEY: Have you got the figures of those people who have waited for their package and haven't received it and have gone into residential care? Dr McCarthy: That would require us to make assumptions about why they made the particular choice they did. That will be different for every individual. Senator POLLEY: But surely, if somebody has been waiting for 16 or 18 months and they've gone into residential care, surely there would be some criteria that could measure that which would give you the answer that they've gone into care because they can no longer stay at home without that level 4 package and they really didn't have any other option. You don't have any figures? Ms Beauchamp: I don't recall any. I think I might take that on notice.	20/02/2019 - Proof Hansard Page 39
SQ19-000019	2 - Health Access and Support Services	O'Neill, Deborah	headspace	Senator O'NEILL: The minister said he would consider further proposals. What will be enough to make up the gap, to address the waiting list at headspace? Dr Morehead: It does depend on the particular headspace centre, because obviously the waiting list for a particular centre— Senator O'NEILL: Do you have those waiting lists per centre? Dr Morehead: We would have to ask headspace national to see what they could collect on those waiting lists. Senator O'NEILL: Have you got that information at the moment? Dr Morehead: No, Senator.	20/02/2019 - Proof Hansard Page 83
SQ19-000020	2 - Health Access and Support Services	O'Neill, Deborah	headspace	Senator O'NEILL: The latest funding boost, according to Minister Hunt's media release of 9 January, says: This latest funding boost brings our total investment in headspace to more than \$208 million since October last year. How much of that announced funding, that \$208 million, was an extension of contracts that were due to expire? Ms Gleeson: We've got a number of contracts that we are extending. I'm just not sure how they add up to the \$208 million, so I'd have to take that on notice. Senator O'NEILL: How much funding is going to additional services, other than just a continuation of what was already existing, and how much of the funding is going to reducing waiting lists? It sounds like maybe the \$7.7 million is doing waiting lists and the— Ms Gleeson: In addition, on 17 December there was the announcement of four additional satellite services. That was \$4.9 million over four years for the establishment of centres in Mount Barker, Victor Harbor and Margaret River and, in addition, the establishment of a site at Wangaratta. Senator O'NEILL: Great. Any additional information you can provide me around this—you can see that I'm quite interested in the detail—	20/02/2019 - Proof Hansard Page 84
SQ19-000021	6 - Ageing and Aged Care	Polley, Helen	Wait Times - Home-care Packages	Senator POLLEY: Can we have a figure on the average wait time on each level of package that is available? How long are people waiting for a level 1 package as opposed to level 2, 3 and 4? Dr McCarthy: We'll take that on notice. That's not information we have with us. Senator POLLEY: You weren't expecting any questions on this? Can we get it before we finish with aged care today? Dr McCarthy: I'd be very surprised if we could do that before we finish today. We'll take it on notice.	20/02/2019 - Proof Hansard Page 40
SQ19-000022	6 - Ageing and Aged Care	Polley, Helen	Minister's Office advice - letter to older Australians	Senator POLLEY: I want to turn to the issue around the letter that went out from the minister in relation to home care packages. Can you confirm that it provided advice to the minister's office that a letter to older Australians outlining updates to the government's home care package policy was necessary? When was this advice given? Can you give us the dates on that, please? Dr McCarthy: Senator, as you know, we don't comment on the content of advice provided. But I think, on notice, we could provide the dates on which we were in contact with the minister and his office on the matter of the letters. We'd need to take it on notice. Senator WATT: Did the department actually recommend that this letter be sent? Dr McCarthy: As I think I've indicated, Senator, we don't talk about the content of advice. We can tell you, though, on notice, the dates of advice that was provided in relation to the release of the letter.	20/02/2019 - Proof Hansard Page 40-41
SQ19-000023	6 - Ageing and Aged Care	Watt, Murray	Letter to older Australians	Senator WATT: No; it's not saying that it's the Commonwealth government. It's saying, 'the Liberal-National government'. And taxpayers have paid for this. Did the department provide a draft letter to the minister's office? Senator Scullion: That's something that perhaps we could take on notice, or that the department might be able to help with. Senator POLLEY: They may well be able to answer it. Senator WATT: Did the department provide a draft letter? Ms Beauchamp: These issues are not abnormal. When the government itself makes big changes to policy and announces new budget and funding announcements, it's not unusual for ministers to announce that, and provide that information. Senator WATT: Sure, but do they take the opportunity to give their own political parties a pat on the back in the process and have taxpayers foot the bill? Ms Beauchamp: I've been a public servant for quite a number of years, and over the course of those years I think there have been references by various governments to who might be the Prime Minister, as reference to a government, or not. So, it's not— Senator WATT: But this is not referring to the Morrison government or the Abbott government or the Turnbull government, or whoever is the Prime Minister today. It's talking about the Liberal-National government. That's clearly political advertising that taxpayers are paying for. Senator Scullion: I don't accept that at all, that characterisation, Senator. Senator WATT: Did the department provide a draft letter to the minister's office? Senator Scullion: We've taken that on notice and someone will try and find the answer— Senator WATT: No; did the department provide a draft letter? There must be someone here who knows that. Ms Beauchamp: I'm sorry, I don't know personally. Senator WATT: Okay, do any of the other officials? Ms Beauchamp: I'm sure we would— Senator WATT: Or was it drafted in the minister's office? Senator Scullion: We'll take that on notice, Senator. Senator WATT: No. With respect, Minister, I'm asking the question of the officials. Dr McCarthy: I understand we did provide some draft content for the letter. The letter, obviously, is finalised within the minister's office. Senator WATT: Could you please table the drafts that were provided to the minister's office? Dr McCarthy: I'll need to take that on notice. Senator WATT: Okay. And did the draft letters that were provided to the minister's office contain the words 'Liberal-National government'? Or were they added by the minister's office? Dr McCarthy: I'll need to take that on notice, Senator. Senator WATT: Ms Buffinton, you don't know? Ms Buffinton: No, I will need to take that on notice.	20/02/2019 - Proof Hansard Page 42-43

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SQ19-000024	6 - Ageing and Aged Care	Polley, Helen	Home-care Package Letters	Senator POLLEY: Just going back, obviously, the minister at the table doesn't see that there's been a breach of the guidelines. Wouldn't it be fair to say from the department's knowledge and long experience that letters such as this they would normally refer to the 'Commonwealth government'? If you go back, from your experience, the government of the day, the federal government of whatever persuasion, would refer to itself as the Commonwealth government. Dr McCarthy: The secretary has already given evidence that in her experience—we're both experienced public servants; Ms Beauchamp is more experienced than I—she has seen a range of ministerial letters use a range of different nomenclature. Senator POLLEY: Perhaps you can table for us the letters that have gone out from Minister Wyatt in relation to home care packages, so we can compare this one that was blatantly political to the other ones he sent out last months. Can you take that on notice? Dr McCarthy: We'll take that on notice.	20/02/2019 - Proof Hansard Page 47
SQ19-000025	6 - Ageing and Aged Care	Watt, Murray	Funding for aged care places	Senator WATT: Before we suspend, I'm still struggling to understand why the different cost figures for the aged-care places that are being rolled out. I haven't got the exact figures, but there were 14,000 packages funded in the budget last year at a cost of \$1.6 billion. So 14,000 high-level packages, at levels 3 and 4, cost \$1.6 billion, but in MYEFO 10,000 level 3 and 4 packages—the same levels—only cost \$287 million, and then a further 10,000 packages of which half are levels 3 and 4 cost \$282 million. How can it be that 14,000 level 3 and 4 packages announced in the budget cost \$1.6 billion but 10,000 announced in MYEFO cost about a fifth as much? Dr McCarthy: We'll come back to you on that, if we could take that on notice.	20/02/2019 - Proof Hansard Page 51
SQ19-000026	2 - Health Access and Support Services	O'Neill, Deborah	PHN mental health commissioning framework	Senator O'NEILL: Could I ask a couple of questions around the PHN mental health commissioning framework? One of the major expected outcomes of the panel was the development of a framework for PHN mental health commissioning. Thank you for your answer to the question on notice; this arises from that. Why wasn't the framework developed, when that was one of the clear outcomes that was expected?... Senator O'NEILL: Can you answer my question about the framework. Was the framework supposed to be developed as part of that work done by the committee? Ms Gleeson: I'd have to take it on notice, because I think that the horizon document replaced the concept of a framework.	20/02/2019 - Proof Hansard Page 85
SQ19-000027	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Provider turnover	Senator GRIFF: What turnover are you experiencing in terms of the number of people changing provider? What percentage of clients is doing that? Ms Buffinton: I'll formally take it on notice. From memory, it is about three to four per cent.	20/02/2019 - Proof Hansard Page 52
SQ19-000028	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	Senator O'NEILL: So there are concerns there. The horizon document to PHNs, fair enough, but the work's been undertaken in the interests of the Australian people. The minister has had the report for six months. Mental health is a major concern, rising in proportion as an illness in our community. Happily, people are coming to a point where there's less stigma around it; they are seeking help. Surely the PHNs, the network across the country that's supposed to be doing the job—we should know about the advice that's been given to the minister around this by people who were commissioned to do the work. Have you made any recommendations about the release of the document? Are there recommendations in the document? Ms Beauchamp: Can I take it on notice to get the status of the report and the consideration for release and get back to you on that? Senator O'NEILL: One of the concerns is about recommendations in that report, and we don't know if there are any or if they have been implemented. Do you know if the recommendations have been implemented blind to scrutiny? Ms Beauchamp: Let's do a stocktake and see where it's up to and I'll get back to you. In addition to that, Minister Hunt has also raised with me more consistent procurement and commissioning of mental health services across the PHN. I'll have a look at the status of that, where we're up to with that, as well. Senator O'NEILL: Okay. And any documents you have around that, because there is concern about incredible variation from place to place across the PHNs, about the commissioning and the quality—	20/02/2019 - Proof Hansard Page 86-87
SQ19-000029	2 - Health Access and Support Services	Keneally, Kristina	Perinatal Mental Health and Wellbeing Program Funding	Senator KENEALLY: Last week the minister also announced a \$26 million for a new Perinatal Mental Health and Wellbeing Program. Can the department outline what exactly this funding is for and how organisations can take part in that grant process? Ms Edwards: We may not have the right officer for that here. We snuck in item 2.1. Senator KENEALLY: Sure. I might put that on notice to you in case I'm not here for 2.1. Ms Edwards: Yes. It's certainly within my group. I'm happy to take it on notice and we'll respond. Senator KENEALLY: That's all I have, Chair. Thank you.	20/02/2019 - Proof Hansard Page 59
SQ19-000030	2 - Health Access and Support Services	Martin, Steve	Eating Disorders	Senator MARTIN: Ms Beauchamp, you mentioned MBF services—the trials and facilities in Queensland et cetera. Could you outline what has been invested in those areas, expand on it a little bit. Ms Beauchamp: Sorry? Senator MARTIN: You mentioned the trials and facilities such as EndED previously. Could you outline—expand on a little bit more—what has been invested in the MBS services there? Ms Edwards: You're interested in the recent announcements in relation to investments in eating disorders? Senator MARTIN: Yes please. ... Senator MARTIN: With all that, how does that compare with previous funding for eating disorders? Ms Beauchamp: I'm not sure whether we have that. Mrs Spencer: We don't have that detail on us but we can certainly provide it.	20/02/2019 - Proof Hansard Page 88
SQ19-000031	1 - Health System Policy, Design and Innovation	Di Natale, Richard	My Health Record FOI Request	Senator DI NATALE: My understanding is that the FOI was then narrowed down between mid-December 2018 and mid-February 2019—so we are talking two months, and recently, well after the issue was resolved—and it still turned up 35 documents and 260 pages. Is that right? Ms McMahon: I know that the agreed refined scope has only thrown up four or five documents. Senator DI NATALE: I've got information here that there was one between mid-December 2018 and mid-February 2019 that revealed 35 documents and 259 pages. Can you take that on notice and come back to me to see if that is correct? Ms McMahon: Yes.	20/02/2019 - Proof Hansard Page 62-63

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SQ19-000032	4 - Individual Health Benefits	Martin, Steve	Medicare Benefits Schedule items funded under the National Ice Action Strategy	Senator MARTIN: What Medicare Benefits Schedule items are funded under the National Ice Action Strategy? Dr Studdert: That was actually one of the decisions made in adopting the strategy—to respond to a high level of concern about drug and alcohol specialists having specified items for providing those specialist services. I think we do have some data on that. Mr Laffan: I can't find my page on the specific items, but I know that since the National Ice Action Strategy came into effect over 31,000 episodes have been provided using those MBS item numbers, to a value of about \$2½ million. Dr Studdert: We can confirm those figures for you on notice.	20/02/2019 - Proof Hansard Page 90
SQ19-000033	4 - Individual Health Benefits	Siewert, Rachel	Mental health Reference Group	Senator SIEWERT: Can I go back to the release, or the non-release, of the second report. You said it made some recommendations. How many were there and what was the nature of those recommendations? Ms Gleeson: You're referring again to the minister's— Senator SIEWERT: The second report that the minister hasn't released. Ms Edwards: It's a matter for the minister to release that report and what it contains in it. So I don't think we can tell you what's in it. Senator SIEWERT: Can you tell me how many recommendations there were? You said there were recommendations. Ms Gleeson: I don't have the number with me, sorry.	20/02/2019 - Proof Hansard Page 90
SQ19-000034	1 - Health System Policy, Design and Innovation	Di Natale, Richard	My Health Record Compliance Checks	Senator DI NATALE: Do you proactively contact all practices with something like this? Ms McMahon: There are a number of things that we monitor in that weekly report. I don't have the details of all of those criteria, but there are routine checks that we run, things like making sure the correct data formats are in the fields; making sure that there aren't any malformed reference checks like this; there are a range of things that we check. I will be happy to provide on notice the full set of compliance checks that we run weekly. Then we do contact—it could be the software vendors who have an issue to resolve, or it could be the practices if it is their environment. Senator DI NATALE: Has that 0.3 per cent been consistent, or is it coming down over time? Ms McMahon: On that issue it's been coming down significantly. Senator DI NATALE: One would assume that if you're contacting practices you are getting fewer of those. What are some of the other issues that have come up? Ms McMahon: I'll need to take that on notice. I'm sorry, I don't have all of the checks with me.	20/02/2019 - Proof Hansard Page 63
SQ19-000035	4 - Individual Health Benefits	O'Neill, Deborah	Horizons report	Senator O'NEILL: Could I ask for the Horizons document that you referred to to be tabled, so that we could see that? I know you indicated it was the PHNs. We'd love to see the report, too. I'm sure Senator McKenzie will let the minister know that.	20/02/2019 - Proof Hansard Page 92
SQ19-000036	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record Permanently Cancelled Accounts	Senator WATT: How many people have permanently cancelled their accounts since that became possible? Mr Kelsey: That again is taken account of in these figures. I would have to take that on notice, because it depends on at what point in time you would be determining the start of that cancellation period. I can give you the figures on notice for the period from the beginning of opt-out to the end of opt-out, of those who have cancelled. I can give you the period from before opt-out started, going back to the origins of the agency in July 2016. Senator WATT: You obviously have a few options. Have you got the figures there? Mr Kelsey: I have no figures here. Senator WATT: I might come back to you on what is the best way of framing that for my purposes. Mr Kelsey: Of course.	20/02/2019 - Proof Hansard Page 64
SQ19-000037	2 - Health Access and Support Services	Singh, Lisa	General Practice	Senator SINGH: Some commentators have strongly suggested that it's the government's freeze on Medicare rebates that has meant that it's just no longer financially viable to train GPs. Do you think that is a factor? Mr Hallinan: If there's commentary to that effect in the sector, then it's certainly something we would consider while looking at intakes for general practice training. But, when we have looked at it, the actual trend is particularly targeted to PGY1 and 2 doctor application rates into the system. Behind that, we haven't done any surveys of those doctors to find out why at this stage. So I couldn't provide any further response on that particular point. Senator SINGH: Okay. So it could be a result of the Medicare freeze? Senator WILLIAMS: You're seeking an opinion, aren't you? Senator SINGH: No. I'm asking about the fact that there's been a Medicare freeze and it's had a flow-on effect, and now you've got these unfilled places. I'm trying to determine whether this is a factor, as a lot of the commentary in the sector has said. You'll take that on notice?	20/02/2019 - Proof Hansard Page 93
SQ19-000038	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record Cancelled Accounts	Senator WATT: You probably saw this week the tech website ZDNet reported that nearly 300,000 people had cancelled their accounts. Does that sound accurate? Mr Kelsey: I haven't seen that article, but the answer is yes, in broad terms, during the period of opt-out. Mr O'Connor: I haven't got that figure. It depends on the time period as well. Mr Kelsey: We could take that on notice. We weren't approached by that publication, so I don't know what the source of that data was. Senator WATT: I was about to ask that. But you think that during the opt-out period—so up until the end of January—probably roughly 300,000 people cancelled their accounts? Mr Kelsey: I must defer to Mr O'Connor. I'd prefer to give the figure accurately on notice. I also note that there were a large number of people that opted in during the same period. So there were cancellations on the one hand, opt-ins on the other.	20/02/2019 - Proof Hansard Page 64
SQ19-000039	1 - Health System Policy, Design and Innovation	Watt, Murray	Australian Digital Health Agency all staff meeting	Senator WATT: Have your officers considered holding that at any venues in Sydney? Mr Kelsey: I'd have to take that on notice. Senator WATT: Have you considered specifically the Sydney Cricket Ground as a venue? Mr Kelsey: I'd have to take that on notice. I just don't know the details.	20/02/2019 - Proof Hansard Page 68
SQ19-000040	1 - Health System Policy, Design and Innovation	Watt, Murray	Australian Digital Health Agency all staff meeting	Senator WATT: What budget would the money come from for this kind of activity? Ms McMahon: We have a training budget available. Mr Kelsey: The training budget. Senator WATT: So it would come out of your training budget. How much is in your training budget? Ms McMahon: I'd have to take that on notice.	20/02/2019 - Proof Hansard Page 68
SQ19-000041	2 - Health Access and Support Services	Singh, Lisa	Primary Health Networks	Ms Rishniw: So far, the total submissions received from PHNs and state governments is 262 at a total value of \$4,567,598,000. Senator SINGH: On notice, can I get a breakdown between states and electorates, and source of applications? Ms Rishniw: We can provide a breakdown in terms of states and the number of submissions received between states and PHNs on notice. It wasn't on the basis of electorates. Senator SINGH: And source of applications. Ms Rishniw: So, PHNs and state governments? Senator SINGH: Sorry, yes. Ms Rishniw: Yes, we'll divide it into PHNs and state governments.	20/02/2019 - Proof Hansard Page 104

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SQ19-000042	1 - Health System Policy, Design and Innovation	O'Neill, Deborah	Research Funding	Senator O'NEILL: Ms Edwards, did you have anything to say about the decline in research funding? Ms Edwards: No. We'll wait for that one, because we don't see a decline on the figures we've got. We're not sure how that fits together. We'll come back to you on notice. Senator O'NEILL: But the Productivity Commission continues to show that decline. Ms Edwards: The numbers that we have, which include the NMHRC, appear to be going up. We've tabled that for you, and we'll come back to you on notice about the distinction there, because we can't understand at the moment how that figures out.	20/02/2019 - Proof Hansard Page 70
SQ19-000043	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Funding	Senator O'NEILL: All right. How is the quantum for that \$170 million determined? Dr Morehead: It was determined as a separate budget measure. What happens in mental health, for example, is we have a bucket of money for mental health programs. For nearly half of that bucket of money, we use the PHNs to implement the funding on the ground so that they have that flexibility to make sure that the funding is localised according to community needs. So with the aged care measure, for example, it's going through the PHNs so that they can commission to provide mental health services to people who are in aged care residential care, for example. We chose to put the measure through the PHNs. So out of the total funding bucket, for example, the \$885 million for this current financial year that we get for mental health programs within the department, as I was saying, around half of that does get distributed by the PHNs. It is where we want localised community needs to be taken into account and where we want independent commissioning being done by the PHNs to implement the measure. Senator O'NEILL: Could I get on notice the breakdown of that \$170 million over the forward estimates.	20/02/2019 - Proof Hansard Page 73
SQ19-000044	2 - Health Access and Support Services	Singh, Lisa	Primary Health Networks	Senator SINGH: What, where and how. How many staff have been allocated to assess the applications? Ms Rishniw: I'd need to take that on notice, to give you specific numbers. I think it's in the order of 15 staff who have been looking at the proposals. But if I can get you a specific number, I will.	20/02/2019 - Proof Hansard Page 104
SQ19-000045	2 - Health Access and Support Services	O'Neill, Deborah	Partners in Recovery Program	Senator O'NEILL: I have a couple more questions and then some on a different topic. Can I go back to the psychosocial support bilateral agreement? To be clear, could you provide the criteria that the PHNs are using to commission these funds, on notice. I understand there's a \$12,000 per participant figure that's been used by the Department of Health for the Partners in Recovery program. Can you tell me how the department arrived at this figure? Ms Edwards: The numbers we've been dealing with in relation to Partners in Recovery would have to do with the continuity of support and NDIS, rather than the psychosocial measure, but we can take on notice those numbers in relation to that pathway. Senator O'NEILL: The amounts. Is it related to hours of service delivery or is it an arbitrary number based on a budget? Ms Edwards: I'm not aware of a budget. We'd have to go back and look at those in detail. Dr Morehead: It'd be a combination of factors. Ms Edwards: In relation to the psychosocial measure, it's important to note that a lot of the information about those bilaterals with the states and territories is that it's already publically available. The core schedule that we agreed with all states and territories is available on the internet, and so are the particular plans of some of the states and not others. We're encouraging them all to put them up. We'll provide it on notice also, but I'm just letting you know a lot of the information is publicly available already. Senator O'NEILL: Some of it's up. This 12,000 figure hasn't come from nowhere. Is that supposed to cover the delivery of service for each participant? Ms Edwards: I'm not sure that we're exactly sure where the 12,000 figure comes from. I'm expecting that it's got to do with the costing that was done to see how much support is required for Partners in Recovery and Day to Day Living clients after the transition. We'll take on notice how that was costed and so on.	20/02/2019 - Proof Hansard Page 74-75
SQ19-000046	2 - Health Access and Support Services	Singh, Lisa	Primary Health Networks	Senator SINGH: What were the dates around that process? Ms Beauchamp: These had been under consideration prior to the closing of applications that we sought by 1 February. Senator SINGH: When did the application close for these projects? Ms Beauchamp: I'd have to take that on notice, in terms of when they first came to our attention and the attention of the minister.	20/02/2019 - Proof Hansard Page 106
SQ19-000047	2 - Health Access and Support Services	Di Natale, Richard	Obesity Summit	Senator DI NATALE: No, I'm talking specifically about the summit. I'm aware of what work's been done. So you did an obesity summit but didn't talk about junk food advertising? Dr Studdert: It was certainly mentioned in a number of the presentations as one of the measures that— Senator DI NATALE: But it's not listed in your list of outcome measures. Dr Studdert: As I said, I think Ms Soper just gave you some headlines. It's only been four days. We're still digesting and preparing a comprehensive write-up. Senator DI NATALE: Was pricing discussed? Dr Studdert: It was mentioned, yes. We had a presentation from the UK, and there was some talk about some of the work that's been done there. Senator DI NATALE: Including sugar-sweetened beverages? Dr Studdert: Yes. Senator DI NATALE: So that was discussed at the summit? Dr Studdert: The presentation from the UK mentioned some of the experience they've had with that measure, yes. Senator DI NATALE: Who presented it? Ms Soper: Dr Susan Jebb, the UK government adviser on obesity. She Skyped in. Senator DI NATALE: She spoke about it. What was the outcome of that presentation in terms of the impact that that was having in the UK? Dr Studdert: I'd have to go back and look at the exact data that she presented. For me, one of the important messages that came through her presentation was that you have to take a range of measures, as you know. Senator DI NATALE: Sure. But, specifically about sugar-sweetened beverages, was the flavour of it a positive presentation on the impact of measures on sugar-sweetened beverages? Dr Studdert: I believe it was. Ms Soper: She talked through the measures that the UK government has taken and how to handle that. Senator DI NATALE: In terms of people who are in the room, have you got an invite list? Is that something you could provide? Dr Studdert: We can certainly provide it. Ms Soper: I don't have it with me here. Senator DI NATALE: Are you happy to provide that on notice?	20/02/2019 - Proof Hansard Page 108

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SQ19-000048	2 - Health Access and Support Services	Martin, Steve	Public Hospital Funding	Senator MARTIN: I will go back to the state funding. What was the difference between the Commonwealth funding to Tasmania compared to the state contribution? Mr Culhane: Sorry, what was the period you were asking in relation to? Senator MARTIN: Well, whatever current information you've got to June 2017-18. Mr Culhane: Over the period 2012-13 to 2017-18— Ms Edwards: We've got those numbers, but we have them at MYEFO, so that's fine. I think your question was: how much have the state contributions grown and how much have the Commonwealth contributions grown? We've only got the Commonwealth contributions here. Senator MARTIN: If you'd like to take that on notice and get back to me with that, that would be great. Ms Edwards: Yes.	20/02/2019 - Proof Hansard Page 110
SQ19-000049	3 - Sport and Recreation	Farrell, Don	National Sporting Organisation Investment allocation tables	Senator FARRELL: Along with some sports saying there's been a lack of clarity, they're also saying that there's been a lack of transparency. One of the changes on the website since the Sport Australia rebrand seems to be that the previous National Sporting Organisation Investment allocation tables have been removed from the website. What exactly has happened to those previous investment allocation tables? And why aren't they easily accessible on the website any more? Ms Palmer: I'll have to take that on notice.	20/02/2019 - Proof Hansard Page 113
SQ19-000050	3 - Sport and Recreation	Smith, David	AIS Campus	Senator DAVID SMITH: Are you aware of how many AIS athletes currently reside at the Bruce campus? Mr Conde: That is a good question. Senator DAVID SMITH: It doesn't have to be tonight; it could be this week. Ms Palmer: We can take that on notice. I can confirm at the moment the main programs on campus and in residence are the basketball program, the volleyball program and the gymnastics program. We have a range of camps, and around 9,000 athletes a year come on campus through a camps based process—which is a very successful program for sports and a good use of resource—and a range of sports. We have around 11 centres of excellence that come into campus from across sports at the moment. Senator DAVID SMITH: I'm particularly interested in the athletes who are currently residing—so residential programs. I'm happy for you to take that on notice.	20/02/2019 - Proof Hansard Page 121
SQ19-000051	3 - Sport and Recreation	Farrell, Don	Australian Sports Commission Board - Meeting with Minister	Senator FARRELL: Thank you for your indulgence to allow us to continue in the sports area, Chair. I won't abuse the privilege, so I'll be brief. Ms Palmer, I understand that the Australian sports commission board met with the minister in Melbourne on 11 May last year—is that correct? Ms Palmer: I believe so, yes. Senator FARRELL: Who was at that meeting? Ms Palmer: Representatives from the Sport Australia Board and officials, such as myself, who are members of the Office for Sport or members of the minister's office, including the minister. Senator FARRELL: Three groups of people? Ms Palmer: Yes, that's right. Senator FARRELL: Where was the meeting held? Ms Palmer: It was held at the Melbourne Airport. Senator FARRELL: Melbourne Airport. Was that Essendon airport or— Ms Palmer: No, it's called Melbourne Airport now, I think—Tullamarine. Senator FARRELL: Tullamarine, yes. What time did the meeting start? Ms Palmer: I can't recall, unfortunately. I'm sorry, I can take that on notice. Senator FARRELL: Do you have in your diary when you would have— Ms Palmer: Yes, I would have. Senator FARRELL: And when you finished—can you remember when you finished? Ms Palmer: No, I can't remember, but, again, I can check my diary.	20/02/2019 - Proof Hansard Page 123
SQ19-000052	4 - Individual Health Benefits	Di Natale, Richard	Diagnostic Imaging Services	Senator DI NATALE: There was a government-commissioned independent evaluation in 2016, which was then decommissioned after the release of a draft report. I'm just interested in the \$700 million and the estimate of the impact that the indexation of these items will have on effectively closing that \$700 million shortfall. Ms Shakespeare: We don't have a copy of that report here with us, I'm sorry. It is a few years ago now. Senator DI NATALE: Yes. But the \$700 million figure was identified, wasn't it? Ms Shakespeare: You're suggesting there's a \$700 million shortfall in revenue to diagnostic imaging providers? Senator DI NATALE: No, the report did. I'm not suggesting it. Ms Shakespeare: All I can say at this point is that I'm happy to take on notice that we provide you more detail about that report and its recommendations. But there is continued strong growth under the MBS and the services provided to patients for diagnostic imaging services which does not indicate that there's a major shortfall in revenue for that sector. They are continuing to provide more and more diagnostic imaging services.	20/02/2019 - Proof Hansard Page 126
SQ19-000053	4 - Individual Health Benefits	Griff, Stirling	Gap Payments for Antenatal Care	Senator GRIFF: I'd like to follow up an answer to a question on notice—it's 1147 if anyone wants to reference that—that related to gap payments for antenatal care. The response that I received back here reported the 99th percentile information, but can you actually tell me what the highest fees charged were per jurisdiction? I have them with the 99th percentile. But can I find out what the actual highest fees were in each jurisdiction? I appreciate that might have to be on notice. Ms Shakespeare: That's what I was going to say. We're happy to take that on notice. I'm sure we can provide that information to you.	20/02/2019 - Proof Hansard Page 127
SQ19-000054	4 - Individual Health Benefits	Watt, Murray	MRI Licenses	Senator WATT: How many of those were public hospitals and how many were private? Ms Shakespeare: Kalgoorlie Health Campus is a public facility, but still awaiting installation of the MRI unit by WA government. Mount Barker is Dr Jones & Partners Medical Imaging, a private company. Monash Children's Hospital is public. Pindara Private Hospital is a private hospital. Sale, Mount Druitt and Royal Darwin are public hospitals. Northern Beaches I believe is private but may have a public unit as well. Sometimes the hospitals are both public and private. Senator WATT: But the license went to the private? Ms Shakespeare: I'd have to check that. I'm not sure. Senator WATT: Could you take that bit on notice? Ms Shakespeare: Toowoomba Hospital is public. St John of God Midland Hospital in Perth I think is a private hospital, but I would probably need to check whether there's public work there. I think some of the hospitals in Western Australia, like Joondalup, do both.	20/02/2019 - Proof Hansard Page 131

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SQ19-000055	4 - Individual Health Benefits	Watt, Murray	MRI Licenses	Senator WATT: That is the first ten. I think you said 21 in total of the 50 locations have been announced—is that right? Ms Shakespeare: Yes. Further locations that have been announced this year include Central Queensland Radiology, Gladstone. Senator WATT: Why don't we say private or public as we go? That sounds private. Ms Shakespeare: Yes. Cairns Radiology, Cairns, private; Ipswich Hospital in Ipswich, Queensland, public; Redcliffe Hospital, Brisbane, Queensland—I'm not sure if that is public or private. Senator WATT: I'm pretty sure that is public. Ms Shakespeare: St George Hospital, Kogarah, New South Wales. Senator WATT: I think that is public as well. Ms Shakespeare: Fiona Stanley Hospital in Murdoch—I'm pretty sure that's public. Insight Clinical Imaging, Cannington, Western Australia, private. Perth Radiology Clinic, Rockingham, Western Australia, private. SKG Radiology, Mandurah, Western Australia, private. Epworth Hospital, Geelong, Victoria, private. And Wagga Wagga Base Hospital, New South Wales. Senator WATT: Is there a reason that that second batch has leaned very much more to private? Ms Shakespeare: I'd need to run through these and work out, for all of the hospitals, are they public, private or both, to work out whether there is more private than public in one component of the announcements. I don't have that available.	20/02/2019 - Proof Hansard Page 131
SQ19-000056	4 - Individual Health Benefits	Watt, Murray	Medicine Data	Senator WATT: To calculate the average you must have the data for each medicine. Since 2015-16, what was the longest delay between PBAC recommendation and price agreement and what medicine was that for? Ms Platona: In the last estimates we established that in the 2017-18 year we talked about 17 medicines. Those were new molecules. Not every new listing is on the PBS. Out of those 17, two of them did not meet the key activity indicators. I don't have the information on the longest period. I have averages and reports of the proportion that has not met the key activity indicators in the annual report. Senator WATT: Could you take on notice what the longest one is? Ms Shakespeare: I suspect that the longest one is probably something still continuing today, because the sponsor has decided that they do not want to list their medicine, despite a positive PBAC recommendation. We can look back through our records as to which medicine has been in that situation for the longest period because they made that decision earliest, but that's where we're going to end up.	20/02/2019 - Proof Hansard Page 133
SQ19-000057	4 - Individual Health Benefits	Watt, Murray	PBS Listings	Senator WATT: Going back to the length of time between recommendation and price agreement, how many medicines took longer than the average and what were they? Ms Platona: I don't have that. Senator WATT: Can you take that on notice for me, please.	20/02/2019 - Proof Hansard Page 134
SQ19-000058	4 - Individual Health Benefits	Watt, Murray	PBS Listings	Senator WATT: We've talked about these two stages. Your KPI is to have a six-month period maximum between price agreement and listing. But, separate to that, we know that there's an average of close to three months between the PBAC recommendation and listing. So, in reality, we're talking about a nine-month process all up: the three months to price agreement and then six months to listing. Ms Shakespeare: There are many cases where listings do not take anywhere near that amount of time. I can go through some examples if you would like. Senator WATT: Why don't you take that on notice again, given the time.	20/02/2019 - Proof Hansard Page 134
SQ19-000059	4 - Individual Health Benefits	Watt, Murray	Private Health Insurance	Senator WATT: Are you confident that the majority of Australians will have a policy that covers more than it did before the change? Mr Henderson: As a bit of a guide, we know that approximately 45 per cent of policies would be classified as top cover policies currently, so they would move to the gold tier, which would mean no change at all to their cover. Senator WATT: When you say '45 per cent of policies', do you mean 45 per cent of policyholders? Mr Henderson: No, policies. Senator WATT: So that doesn't mean that 45 per cent of Australians will end up with gold; it could be that 90 per cent of Australians don't have top level. Forty-five per cent of policies is great but, if no-one's taking them up, that doesn't mean that people get more. Mr Henderson: I could take that on notice and see if we have the data on the number.	20/02/2019 - Proof Hansard Page 135-136
SQ19-000060	5 - Regulation, Safety and Protection	Siewert, Rachel	Transvaginal Mesh - Recommendations made by Senate Inquiry	Senator SIEWERT: Exactly. I have two questions on transvaginal mesh, following up the recommendations that were made by the Senate inquiry. Can I ask for you to provide on notice an update on progress on the recommendations from the Senate inquiry? Dr Skerritt: Yes, we certainly can take that on notice. We have provided an update to the parliament recently. Senator SIEWERT: So there's no further update beyond that? Dr Skerritt: There are things happening all the time in the medical devices framework, so we're more than happy, say, to give a progress report as of today, on notice.	20/02/2019 - Proof Hansard Page 138
SQ19-000061	2 - Health Access and Support Services	Abetz, Eric	e-cigarettes	Is the Department of Health aware of plans by the e-cigarette company Nicovape Limited to commence sales in Australia in March 2019?	Written
SQ19-000062	2 - Health Access and Support Services	Abetz, Eric	e-cigarettes	What is the government doing to clarify the regulatory environment regarding the sale of nicotine-containing e-cigarettes in Australia?	Written
SQ19-000063	1 - Health System Policy, Design and Innovation	Hinch, Derryn	Homeopathy Review - Transparency	I request responses to the below questions on behalf of a constituent: In the interest of transparency, does the NHRMC intend to release a full copy of the July 2012 report on homeopathy (a draft of which, I understand, was reviewed by Prof Mendelsohn in July 2012) regarding its methods and findings? If so, when will the report be made public? If not, please elaborate on the reasons for this decision, including who the final decision maker is.	Written
SQ19-000064	1 - Health System Policy, Design and Innovation	Hinch, Derryn	Homeopathy Review - Research Protocol	I request responses to the below questions on behalf of a constituent: Please provide a copy of all relevant excerpt(s) from the original (unpublished) research protocol agreed and finalised in December 2012 relating to the standardised framework to be followed when drafting evidence statements for the Homeopathy Review. If the department will not release these documents, please elaborate on the reasons for this decision, including who the final decision maker is.	Written
SQ19-000065	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health—Workforce Incentive Program	a) How much funding has the government committed to the Stronger Rural Health—Workforce Incentive Program? b) Will this program focus on expanding access to allied health in rural and remote areas? c) Will the program utilise any mechanisms to target extra allied health service capacity to regions with identified shortages? d) Will the program only be available to general practices in rural and remote locations?	Written

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SQ19-000066	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	What proportion of the funding for this practice nurse and allied health stream is reaching rural and remote regions and what proportion of the program budget is being utilised in metropolitan regions?	Written
SQ19-000067	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	What number of allied health practitioners does your modelling suggest will be employed as a result of this program?	Written
SQ19-000068	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	Are you able to provide some figures showing the access to allied health services in rural and remote areas compared to metropolitan areas?	Written
SQ19-000069	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	The level of access to medical services in different rural and remote areas is analysed in detail using the data set that exists through the MBS. Are there any plans to conduct an equivalent analysis, using either data from the MBS or other relevant sources, to identify which regional areas have limited access to which allied health services?	Written
SQ19-000070	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	Is the government cognisant of the market failure for private allied health services in remote and many rural regions of Australia, which severely limits the number of allied health professionals in these regions needed to provide Federal programs, such as the NDIS and MBS Chronic Disease Management items?	Written
SQ19-000071	2 - Health Access and Support Services	Di Natale, Richard	Stronger Rural Health–Workforce Incentive Program	Are any plans to enable access to allied health services in rural and remote areas, through a more coordinated, cross-sector arrangement, under active consideration?	Written
SQ19-000072	4 - Individual Health Benefits	Di Natale, Richard	Allied Health Services	What proportion of MBS funding is currently allocated to allied health services?	Written
SQ19-000073	4 - Individual Health Benefits	Di Natale, Richard	Allied Health Services	Under the current MBS schedule, how many items apply to allied health professionals and their patients?	Written
SQ19-000074	4 - Individual Health Benefits	Di Natale, Richard	Allied Health Services	What is the duration of allied health sessions covered by the MBS for patients with chronic disease? Is this in line with the length of time modern, best-evidenced allied health practice requires treatment sessions to be?	Written
SQ19-000075	4 - Individual Health Benefits	Di Natale, Richard	Allied Health Services	a) There are significant barriers to patients accessing allied health services in the primary sector, such as relatively high out-of-pocket expenses or limits imposed on the number of treatment sessions that qualify for a Medicare rebate. Given these barriers, does the government agree with the view that Australians do not have access to universal health care, but only to universal medical care? b) What consideration has been given to the impact these barriers have on public hospitals?	Written
SQ19-000076	4 - Individual Health Benefits	Di Natale, Richard	Allied Health Services	Does the government agree that committing funding to ensure as many people as possible can access the allied health services they need in the community would ultimately reduce the overall health budget by reducing expensive hospital admissions, as well as leading to better health outcomes for individual patients?	Written
SQ19-000077	4 - Individual Health Benefits	Di Natale, Richard	Funding to support Telehealth in rural areas	It was announced that \$33.5 million will be provided for the provision of telehealth for general consultations in remote areas (Modified Monash Model (MMM) area 6-7). It is understood that this will allow GPs to provide non-face to face care for patients in these areas, which is currently unsupported under the MBS. However, there is no current commitment for other patients (living in areas outside of MMM 6-7) to be able to access care using telehealth or other non-face to face methods. Patients want to be able to access their GP in more flexible ways, and GPs want to be able to support this type of service – but Medicare does not support it. All patients, regardless of where they live, would benefit from using modern technology to connect with their GP. a) How many people currently reside in MMM areas 6 and 7? How many patients will benefit from this service? b) What modelling has been done to determine the \$33.5 million in spend? It is intended that service provision as the result of supporting telehealth would vastly increase – would it not correspond with a reduction in face to face services? c) Is this a pilot that is intended to be rolled out more broadly?	Written
SQ19-000078	2 - Health Access and Support Services	Di Natale, Richard	Health Care Homes	In the MYEFO, it was announced that the Health Care Homes trial will be extended for a further two years until 30 June 2021. It was also announced that the cap for enrolment in the program will be reduced from 65,000 to 12,000 patients. a) Now that Health Care Homes enrolment is capped at 12,000, what is the revised total projected spend for the HCH trial? b) What was the intended spend when the enrolment cap was 65,000 patients? c) Where have the savings (if any) from this measure being directed?	Written
SQ19-000079	1 - Health System Policy, Design and Innovation	Di Natale, Richard	Health funding discrepancies year on year noticed in the report on Government services	The 2019 Report on Government Services (RoGS) was released in early February. The Health funding data appears to show significant discrepancies between the 2018 Primary and community health report and the 2019 Primary and community health report – even when comparing the same year. Example: Comparing funding reporting in the 2016-17 year The 2018 Report states that in 2016-17 the Australian Government expenditure on GP Services was \$9,056,000,000, which equates to \$371.4 per person (Table 10A.2). The 2019 Report states that in 2016-17 the Australian Government expenditure on GP Services was \$8,532,000,000, which equates to \$357.1 per person (Table 10A.2). This represents a \$524 million dollar difference in funding reported for the same year. There is a small note in the 2019 report which states 'Historical data has been revised and may differ from previous reports. This is due to a change in methodology used to identify GPs' Can the Department explain the change in methodology, and how it has resulted in a reported \$524 million dollar difference?	Written

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SQ19-000080	4 - Individual Health Benefits	Di Natale, Richard	Named referrals for specialist hospital services	The Department of Human Services' guide for referring and requesting Medicare services advises that, 'referrals don't need to be made out to a certain specialist or consultant physician.' However, clause G19 of the National Health Reform Agreement (NHRA) between state and federal governments in relation to running public hospitals states that: "An eligible patient presenting at a public hospital outpatient department will be treated free of charge as a public patient unless: a. there is a third-party payment arrangement with the hospital or the state or territory to pay for such services; or b. the patient has been referred to a named medical specialist who is exercising a right of private practice and the patient chooses to be treated as a private patient." These two clauses contradict each other – and because of the second clause, some public hospital outpatient departments continually ask for their referral to include the name of a practitioner working in the outpatient department. When outpatient departments request that GPs update referrals in this way, they: ? interfere with timely patient treatment, making patients wait unnecessarily for care ? place needless administrative burden on the referring GP ? double dip into taxpayer funded healthcare expenditure by utilising both state hospital funding and federal Medicare funding. GPs should be allowed to provide an unnamed referral for an outpatient department, so that the patient can be seen as soon as possible by the next available and appropriate specialist. What is the Department doing to stop hospital outpatient departments requesting named referrals from GPs and 'double dipping' into healthcare funding?	Written
SQ19-000081	4 - Individual Health Benefits	Di Natale, Richard	Determining funds for appropriate MBS items under the MBS Review	Several reports have now been released from Clinical Committees of the MBS Review. There have been no recommendations on the appropriate value of specific patient rebates (eg. the rebate should be set at \$XX.XX) – instead only very broad recommendations about patient rebate values are included in the reports (eg. the rebate should increase to cover the cost of X). Some clinical committee reports have noted that determining fees for MBS items was not in their remit. a) Were the MBS Review Clinical Committees asked not to consider or recommend an appropriate value for patient rebates as part of their remit? If so, why? b) At what point in the MBS Review process will the value of patient rebates be considered?	Written
SQ19-000082	4 - Individual Health Benefits	Di Natale, Richard	Shared Debt Recovery Scheme	In the 2017-18 Budget, the Government announced that it would be introducing legislation to improve Medicare compliance. On 28 June 2018, legislation was passed to introduce a range of compliance changes, most of which came into effect on 1 July 2018. The Shared Debt Recovery Scheme was also passed as part of this legislative change, but was deferred for introduction until 1 July 2019 to allow time to draft the regulations to underpin the Scheme. The Shared Debt Recover Scheme aims to introduce a mechanism that allows the government to recover debt accrued by organisations (as opposed to individual service providers such as a medical practitioner) as a result of incorrect Medicare billing. Currently a medical practitioner is required to repay 100% of the debt incurred as a result of incorrect billing, even where there is evidence that the organisation for whom they are working had significant influence over their billing. Medicare billing is complex, and the changes proposed under the Scheme would be a significant change to current practice. As an effect of this change and the increased compliance responsibility for organisations, many general practices will need time to implement appropriate administrative processes and ensure they are prepared from a medico-legal perspective. a) Is there scope for implementation of the Scheme to be pushed back past 1 July 2019, in order to allow practices to prepare themselves for the increased compliance responsibility? b) If the scheme implementation date cannot be extended, will there be transitional arrangements in place to allow medical organisations to prepare for the change?	Written
SQ19-000083	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	a) Can you please provide background and information about the scope of the NHMRC review into Natural Therapies that the decision to remove natural therapies from the PHI rebate was based on. i. In particular, were Clinical Pilates included in the scope of the review? If not, why were they not considered?	Written
SQ19-000084	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	What action is the Government taking to encourage Private Health Insurers to investigate innovative models of health care?	Written
SQ19-000085	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	In December 2018, the federal government released its response to the Senate Community Affairs References Committee report on the Value and affordability of private health insurance and out of pocket medical costs. The government noted the following recommendations: ? Recommendation 9: 5.41 The committee recommends that the Commonwealth Government consider extending the Broader Health Cover provisions of the Private Health Insurance Act 2007 on the basis that such services, if offered, do not undermine the universality of Medicare by creating a two-tiered primary health care system, do not inflate costs for the Commonwealth by introducing another payer, are provided on a comprehensive basis and do not delay treatment or lead to greater out-of-pocket costs. ? Recommendation 10: 5.42 The committee recommends that the Commonwealth Government review current regulations to allow private health insurers to rebate out-of-hospital medical treatment where it is delivered, on referral, in an out-patient, community or home setting. ? The report noted that the Private Health Ministerial Advisory Committee (PHMAC) Improved Models of Care Working Group is examining the issue of insurance coverage for mental health and rehabilitation services, with the intention of ensuring that the regulatory regime does not result in hospitalisation solely to access private health insurance benefits. ? It also noted that the government will continue to work with the private health insurance industry to ensure that appropriate alternatives to hospital treatment can be funded by private health insurers to ensure that patients receive timely, appropriate care in the most appropriate location. a) Can the Department provide an update on what considerations are being made regarding the Private Health Insurance supporting alternatives to hospital treatment? i. Is the PHMAC Improved models of Care Working Group also leading this piece of work? b) Is the PHMAC Improved Model of Care Working Group considering other aspects care outside of mental health and rehabilitation care? – ie. chronic disease management.	Written

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SQ19-000086	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	Can the Department provide data on how many expectant mothers over the last 10 years have had existing private health insurance without obstetrics care coverage?	Written
SQ19-000087	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	Has the Department's work surrounding private health insurance considered how legislation can be amended to support women in terms of contraception failure?	Written
SQ19-000088	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	Has the Department considered the option of allowing expectant mothers, who already have private health insurance in place, to upgrade to obstetric cover once they discover they are pregnant?	Written
SQ19-000089	4 - Individual Health Benefits	Di Natale, Richard	Dental Services	The Australian reported on 18 January that the Government is seeking to avoid having to negotiate a new adult dental agreement with the states before the election. This is despite urging from a number of state ministers for it to be resolved. [Article is included- you can table it if needs be] In MYEFO, \$108 million was included to extend the existing adult dental agreement until 2020. a) Was this funding for an agreement? b) In the Australian it was reported that the Health Minister would seek state and territory agreement to the extension in the 'coming weeks' i. What agreement has been reached? ii. If no agreement has been reached, what is the funding being used for?	Written
SQ19-000090	4 - Individual Health Benefits	Di Natale, Richard	Dental Services	a) Can you provide by state and territory, how much federal money has gone into public dentistry per annum during the term of this government? b) How much money is proposed in forward estimates for the NPAs broken down by state and territory?	Written
SQ19-000091	4 - Individual Health Benefits	Di Natale, Richard	Child Dental Benefits Schedule	a) What is the current statistics around uptake/usage of the CDBS? b) How many individual children have benefitted from the CDBS since it became operational. c) What promotion is the government undertaking to promote the scheme? d) What is the current utilisation of the CDBS, split by public/private and by state and territory?	Written
SQ19-000092	4 - Individual Health Benefits	Di Natale, Richard	Dental Waiting Lists	What are the current waiting lists for public dental services by state and territory and national average? ? Please break down and provide comparison for previous years.	Written
SQ19-000093	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	a) How many approvals have been issued through SAS-B in the last 12 months? b) How many of those are repeat prescriptions? c) How many individuals do these figures represent - in other words how many have actually used legally prescribed medical cannabis in the last 12 months? d) How many approvals have actually resulted in patients actually accessing these medicines? ? Why is this figure not made available?	Written
SQ19-000094	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	a) What is the breakdown of approvals on a State by State basis? ? How many approvals have there been in Tasmania? b) Why is the figure so low and what is the Federal Government doing about it?	Written
SQ19-000095	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	How many States are using the Single Application Online Portal?	Written
SQ19-000096	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	Use of SAS Cat B requires reporting on the patient's progress using cannabis or cannabis products. a) What is happening to this information? b) Is it being systematically captured to help create an evidence base? (Vic Govt asked for this data for Vic residents...they were refused)	Written
SQ19-000097	5 - Regulation, Safety and Protection	Di Natale, Richard	Medicinal Cannabis	What are the policy objectives of the TGA and ODC in respect of medicinal cannabis? In other words what are the Departments trying to achieve? In which documents are these recorded?	Written
SQ19-000098	6 - Ageing and Aged Care	Di Natale, Richard	General Practitioner Aged Care Access Incentive	In the 2016-17 financial year, general practitioners (GPs) undertook over three million consultations in Residential Aged Care Facilities (RACFs). GPs are integral part of the aged care workforce as the primary providers of medical care to older people living in the community and in RACFs. The GP Aged Care Access Incentive (ACAI) supports GPs to remain involved in the aged care sector and improve the health and wellbeing of older Australians, without passing costs on to patients. In the 2016-17 Federal Budget, it was announced that the ACAI will be rolled into a new the Quality Improvement (QI) incentive from 1 May 2019. It is unlikely that the QI incentive will provide the same level of support for GPs providing care in RACFs as the ACAI, as the new payment will be direct to the practice, as opposed to the GPs providing care. This will be an additional barrier to GPs providing care in RACFs at a time when access to such services is already under strain. a) How many GPs have received Tier 1 and Tier 2 payments of the GP ACAI since this PIP commenced on 1 July 2008 (broken down by year and Tier)? b) What is the total cost of Tier 1 and Tier 2 payments made through the GP ACAI since 1 July 2008 (broken down by year and Tier)?	Written
SQ19-000099	2 - Health Access and Support Services	Di Natale, Richard	General Practitioner Aged Care Access Incentive	When the new QIPIP was first announced, it was proposed that the Procedural General Practitioner Incentive and the Indigenous Health Incentive would also be rolled into the new payment. Following advice from the profession, the decision to include these payments as part of the reform was reversed. The profession has also been advocating against the decision to roll up the ACAI into the QIPIP. a) Can the Department provide the rationale behind removing the GP ACAI - particularly in light of the Federal Government's recent announcement of the Royal Commission into Aged Care Quality and Safety? b) Why was advice from the profession ignored for the ACAI but not other incentives?	Written
SQ19-000100	2 - Health Access and Support Services	Waters, Larissa	National Strategic Approach to Maternity Services	1. Is it the case there were 540 consumer submissions made in the public consultations on the National Strategic Approach to Maternity Services? 2. How many of these submitters supported continuity of midwifery care? 3. Was consumer feedback weighted as highly as other kinds of submitters, in this consultation process? 4. What processes is the Commonwealth putting in place to increase consumer access to continuity of midwifery care, given the high demand?	Written
SQ19-000110	4 - Individual Health Benefits	Georgiou, Peter	MRI Licenses	Why does Western Australia have the lowest number of MRI licenses per capita of any state in the country with approximately 30% fewer MRI licenses than the national average and approximately 50% less than NSW?	Written

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SQ19-000111	4 - Individual Health Benefits	Georgiou, Peter	MRI Licenses	a) Of the 50 new MRI licenses set to be granted across Australia, how many will be allocated to Western Australia? b) How is this allocation determined or how is any allocation determined. (Is it by population or by city access?) c) Is it true that WA would need approximately 16 of the 50 new licenses to catch up with the national average? d) If not, why not? e) Where is the evidence to suggest otherwise?	Written
SQ19-000112	4 - Individual Health Benefits	Georgiou, Peter	MRI Licenses	So far the Minister for Health has granted 18 of the 50 additional licenses. Four of these have resulted in Primary Health Networks which have more licenses per capita than Perth North which includes licenses granted to MRI units in Gladstone, Darwin, Sale and Toowoomba. Isn't this a clear case of Perth and Western Australia being under represented?	Written
SQ19-000113	4 - Individual Health Benefits	Georgiou, Peter	MRI Licenses	The WA chapter of the Australian Medical Association believes MRIs should be placed where there is a clinical need. That said what is the government's or department's standing to the fact that King Edward Hospital - WA's premier maternity hospital - while it has an MRI does not have an MRI license?	Written
SQ19-000114	2 - Health Access and Support Services	Siewert, Rachel	Primary Health Networks	Can you please provide a breakdown of the full allocation of the \$1.45 billion to each of the 31 Primary Health Networks announced in January 2019?	Written
SQ19-000115	2 - Health Access and Support Services	Siewert, Rachel	Mental Health Nurses	How many additional mental health nurses will be employed using the \$1.45 billion and through which Primary Health Networks?	Written
SQ19-000116	2 - Health Access and Support Services	Siewert, Rachel	Indigenous Mental Health	Can you please provide a breakdown of the \$89 million for Indigenous mental health by Primary Health Network?	Written
SQ19-000117	2 - Health Access and Support Services	Siewert, Rachel	Primary Health Networks - Difficult to reach populations	a) How much additional funding will each Primary Health Network receive to reach difficult to reach populations? b) Can the Department please explain how difficult to reach populations are being targeted using this funding? c) How many difficult to reach people will each Primary Health Network engage with?	Written
SQ19-000118	2 - Health Access and Support Services	Siewert, Rachel	Mental Health Services	Please provide details on the measurement tools and independent evaluations that will be used to assess the measures announced as part of the additional \$1.45 billion for mental health services?	Written
SQ19-000119	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Illness Serology Testing	Please provide a full accounting of the Medicare costs for Lyme-like illness serology testing by test and by year since 1994?	Written
SQ19-000120	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Illness	Is the Department planning to release the study proposal and outline as assessed by the NHMRC TCR panel?	Written
SQ19-000121	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme-like Illness	What is the Department doing to support patients with Lyme-like illness now given people cannot wait for the outcomes of research projects reporting in 2023?	Written
SQ19-000122	5 - Regulation, Safety and Protection	Siewert, Rachel	Lyme Disease Association of Australia Pre-Budget Submission	Has the Department given consideration to the Lyme Disease Association of Australia pre-Budget submission?	Written
SQ19-000123	5 - Regulation, Safety and Protection	Siewert, Rachel	Debilitating symptom complexes attributed to ticks	In regards to the tender for the provision of the development of a clinical pathway and multidisciplinary care model for patients suffering from debilitating symptom complexes attributed to ticks, could the Department please provide: a) Who is the contracted provider; b) The expected cost of the contract; c) The expected deliverables and timetable for the work; d) The plan for inclusion of patients in this work.	Written
SQ19-000124	5 - Regulation, Safety and Protection	Siewert, Rachel	Tick-borne Illness	What has the Department done to develop a consistent national approach to address tick-borne illness with the COAG Health Council?	Written
SQ19-000125	5 - Regulation, Safety and Protection	Siewert, Rachel	Tick-bite Symptoms	Please provide the number of patients presenting to state health facilities with tick-bite symptoms over the last 10 years, broken down by state and by year.	Written
SQ19-000126	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Reforms	a) Have any Aged Care reforms been put on hold while the Aged Care Royal Commission is underway? i. If yes, what are they and why?	Written
SQ19-000127	6 - Ageing and Aged Care	Siewert, Rachel	Leave from residential respite care	a) Can a person in an aged care facility take leave from residential respite care to go to hospital? i. If not, why not?	Written
SQ19-000128	6 - Ageing and Aged Care	Siewert, Rachel	Approved Provider Application Forms	a) Can the Department explain the methodology used to design the new Approved Provider application form? b) Is the Department aware of cases where Approved Provider applications are being rejected for reasons outside the scope of the Act? c) In the last year (calendar or financial), how many Approved Provider applications were assessed within the 90 day timeframe?	Written
SQ19-000129	6 - Ageing and Aged Care	Siewert, Rachel	Mandatory Quality Indicators	a) What rationale or methodology did the Department use to determine that the three new mandatory quality indicators adequately represent quality of care? b) Have these new quality indicators been benchmarked? c) If not, can they be benchmarked? d) What is the Department doing to ensure these indicators will not distort the way providers deliver care?	Written
SQ19-000130	6 - Ageing and Aged Care	Siewert, Rachel	Guidelines on Chemical Restraints	What consultations did the Department undertake with academics, the sector and providers regarding the updated guidelines on chemical restraints?	Written
SQ19-000131	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Complaints	Please provide the latest details on the number and nature of aged care complaints. Please provide the same details for the corresponding period last year.	Written
SQ19-000132	6 - Ageing and Aged Care	Siewert, Rachel	Aged Care Accreditation Standards	a) Is the Department able to publish which accreditation standards are not met on their website? i. If not, why not?	Written

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SQ19-000133	0 - Whole of Portfolio	Bilyk, Catryna	Ministerial Functions	In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio in calendar year 2018, please provide the following: 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 (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; g) Any available photographs of the function; and h) Details of any entertainment provided.	Written
SQ19-000134	0 - Whole of Portfolio	Bilyk, Catryna	Departmental Functions	In relation to expenditure on any functions or official receptions etc. hosted by the Department or agencies within the portfolio in calendar year 2018, please provide the following: a) List of functions; b) List of attendees; c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; g) Any available photographs of the function; and h) Details of any entertainment provided.	Written
SQ19-000135	0 - Whole of Portfolio	Bilyk, Catryna	Executive Office Upgrades	Were the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, upgraded in calendar year 2018? If so, please provide an itemised list of costs (GST inclusive).	Written
SQ19-000136	0 - Whole of Portfolio	Bilyk, Catryna	Facilities Upgrades	Were the facilities of any of the Department's premises upgraded in calendar year 2018, for example, staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment? If so, please provide a detailed description of the relevant facilities upgrade together with an itemised list of costs (GST inclusive). Please provide any photographs of the upgraded facilities.	Written
SQ19-000137	0 - Whole of Portfolio	Bilyk, Catryna	Staff Travel	What was the total cost of staff travel for departmental employees in calendar year 2018?	Written
SQ19-000138	0 - Whole of Portfolio	Bilyk, Catryna	Media Monitoring	a) What was the Department's total expenditure on media monitoring in calendar year 2018? b) Please provide an itemised list of all Austender Contract Notice numbers for all media monitoring contracts in that period.	Written
SQ19-000139	0 - Whole of Portfolio	Bilyk, Catryna	Advertising and Information Campaigns	a) What was the Department's total expenditure on advertising and information campaigns in calendar year 2018? b) What advertising and information campaigns did the Department run in the relevant period? c) Please provide an itemised list of all Austender Contract Notice numbers for all advertising and information campaign contracts in that period.	Written
SQ19-000140	0 - Whole of Portfolio	Bilyk, Catryna	Promotional Merchandise	a) What was the Department's total expenditure on promotional merchandise in calendar year 2018? b) Please provide an itemised list of all Austender Contract Notice numbers for all promotional merchandise contracts in that period. c) Please provide photographs or samples of relevant promotional merchandise.	Written
SQ19-000141	0 - Whole of Portfolio	Bilyk, Catryna	Ministerial Overseas Travel	Please provide an itemised list of the costs of all international travel undertaken by Ministers or Assistant Ministers in the portfolio in calendar year 2018. This list should include the costs of: • Flights for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the airline and class of travel; • Ground transport for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials; • Accommodation for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed; • Meals and other incidentals for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided; and • Any available photographs documenting the Minister's travel should also be provided.	Written
SQ19-000142	0 - Whole of Portfolio	Bilyk, Catryna	Social Media Influencers	a) What was the Department's total expenditure on social media influencers during calendar year 2018? b) What advertising or information campaigns did the Department use social media influencers to promote? c) Please provide a copy of all relevant social media influencer posts. d) Please provide an itemised list of all Austender Contract Notice numbers for all relevant social media influencer contracts	Written
SQ19-000143	2 - Health Access and Support Services	Steele-John, Jordan	ME/CFS	Considering the submissions on the NHMRC advisory committee report closed on 18 February 2018, when do you expect a final report?	Written
SQ19-000144	2 - Health Access and Support Services	Steele-John, Jordan	ME/CFS	If you were to implement the targeted call for biomedical research into ME and CFS, how would you go about this and how long would it take? Note: June 2017 budget estimates they committed to issuing a targeted all in months not years	Written
SQ19-000145	2 - Health Access and Support Services	Steele-John, Jordan	ME/CFS	a) Please provide an outline of the processes you would take and an indicative timeline for developing new clinical guidelines for ME and CFS? b) Do you agree confidence would be undermined if people involved in the RACP Guidelines were involved in the process of developing new guidelines? Note: Senate 2002 resolution on the RACP Guidelines noted 'the guidelines are not representative of the consultation process, incorrectly concluded the illness was fundamentally psychological, produced treatment plans that were inadequate and calls for their immediate review.'	Written
SQ19-000149	5 - Regulation, Safety and Protection	McKim, Nick	Health Effects of Bushfire Smoke in Tasmania	How many people presented to Emergency Departments and Medical Centres in Tasmania due to Bushfire smoke in the January 2019 Tasmanian Bushfires?	Written
SQ19-000150	5 - Regulation, Safety and Protection	McKim, Nick	Health Effects of Bushfire Smoke in Tasmania	What protocols are in place to ensure "at risk" groups – people aged over 65, children under 5, pregnant woman and people with lung and/or heart disease – are notified when Bushfire smoke may lead to serious illness?	Written
SQ19-000151	5 - Regulation, Safety and Protection	McKim, Nick	Health Effects of Bushfire Smoke in Tasmania	a) What Health Alerts were issued for "at risk" groups during the Bushfires? b) At what smoke particle limit are schools and public facilities closed? How are these alerts enacted? c) Did parts of Tasmania reach these limits during the January 2019 fires? d) What action plans (and funding) are in place to manage longer-term evacuations for "at risk" groups stemming from extended periods (upwards of 1 week) of Bushfire smoke – as was experienced during the January 2019 bushfires?	Written

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SQ19-000152	2 - Health Access and Support Services	McKim, Nick	National Tobacco Strategy	a) What has happened to the National Tobacco Strategy? i. The latest version has been completed but not released. Why has the Government not released it?	Written
SQ19-000153	2 - Health Access and Support Services	McKim, Nick	National Tobacco Strategy	Will the Government take action to regulate the content of cigarettes?	Written
SQ19-000154	3 - Sport and Recreation	Patrick, Rex	Football Federation Australia Funding	The Federal Government provides funding to Football Federation Australia for its high performance teams through Sport Australia. What is the breakdown of funding for the men's and women's teams for the current financial year and how does this compare to the previous financial year? If they are different, what are the reasons for any large changes to funding?	Written
SQ19-000155	3 - Sport and Recreation	Patrick, Rex	2023 Women's World Cup Bid	The Federal Government has approved a total of \$5 million in funding to lodge a bid for the 2023 Women's World Cup. What is the cost breakdown and what measures do you have in place to ensure that the funding is going into the stated budget outcomes?	Written
SQ19-000156	3 - Sport and Recreation	Patrick, Rex	Football Federation Australia	a) What criteria does the Government apply to an organisation like the FFA when approving grants? b) What additional grants have been approved for the FFA, for how much and what will it be used for? What is the cost breakdown and what measures do you have in place to ensure that the funding is going into the stated budget outcomes?	Written
SQ19-000157	3 - Sport and Recreation	Patrick, Rex	2023 Women's World Cup - Bid Book	Has the Minister been made aware of the existence of a report or "bid book" which provides information on what Australia has to offer, an overview of facilities to be provided and any upgrades to them, plus any other concessions that FFA may request, including government guarantees relating to what taxes are payable and unrestricted right of entry (much like was done for the 2022 Men's World Cup bid)? If so, has the Minister seen a copy of this document and what conditions are being requested by FFA?	Written
SQ19-000158	3 - Sport and Recreation	Patrick, Rex	2023 Women's World Cup	a) Which are the preferred host cities nominated by the FFA to host the 2023 Women's World Cup? b) Should the bid be successful, has the FFA indicated it will request additional funding from the Federal Government and the States for upgrades to facilities around the country? Should the bid be successful, how much would it cost to stage and which Budget would the money come from?	Written
SQ19-000159	3 - Sport and Recreation	Patrick, Rex	Football Federation Australia Funding	What measures are being put in place to ensure that funding obtained by the FFA will not be used to settle its case against sacked Matilda's coach Mr Alen Stajcic?	Written
SQ19-000160	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	Of the 12 providers identified in response to SQ18-001118 (2a) as "outliers", please provide a detailed breakdown of the reasons why these particular providers were identified by the Department as "outliers".	Written
SQ19-000161	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	Regarding the Home Care Compliance Review pilot (Pilot): a) Did the department look for evidence of undisclosed outstanding unspent funds as part of the Pilot? If so, were any such funds identified? If so, what proportion of providers failed to disclose unspent funds appropriately? b) What, specifically, were the "examples where things could be tightened up and improved" (Ms Jolly, 20 February 2019 Hansard p 53) that were identified? c) Please provide a list of the key findings from the Pilot that will assist in informing the ongoing regulation of the Home Care Packages Program.	Written
SQ19-000162	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	Regarding the Department's response to SQ18-001118 (2f): a) What is the timeframe to "establish a regulatory framework for future compliance activity"? b) Until this regulatory framework for future compliance activity is established how, specifically, is the Department ensuring compliance by providers? What mechanisms are in place to assist identification of non-compliance by providers?	Written
SQ19-000163	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	What was the amount of unspent funds disclosed by providers as at June 2018? If this information is still not available, when will it be available?	Written
SQ19-000164	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	Are home care providers permitted to charge additional fees to consumers for unsolicited phone calls made by the home care provider to the consumer?	Written
SQ19-000165	6 - Ageing and Aged Care	Griff, Stirling	Home Care Program	Can the Department explain how much power in terms of negotiating fees and charges a consumer who lives in an area serviced by one or two home care providers has? In circumstances where a consumer has little or no power to negotiate fees and charges, what options do they have to obtain reasonably priced home care services?	Written
SQ19-000166	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Quality	In reference to the mandatory reporting of 3 aged care indicators (physical restraints, pressure injuries, unplanned weight loss) that is due to commence from July, will this information be made publicly available in such a way that the results of each individual provider can be compared? a) How does the department intend to use the indicator information that is reported? b) What auditing will be undertaken by the department to ensure that the information reported by providers is reliable?	Written
SQ19-000167	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Quality	On what date will the draft regulations restricting the use of chemical and physical restraints in aged care that were promised "within weeks" by Minister Wyatt at the beginning of the year be finalised? If they are not yet finalised, what is their current status and what are the next steps that are to be taken before they will be finalised?	Written
SQ19-000168	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Are medical, pharmacy or other health professionals required to inform their patients before uploading information to My Health Record, particularly those patients who may not be aware that a My Health Record has now been created for them or even what a My Health Record is, that they will be uploading this information?	Written
SQ19-000169	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	a) Is there any way to identify data breaches arising from a provider incorrectly uploading records other than relying on the owner of a My Health Record account to make a notification that someone else's records happen to be in their account? If so, how can such breaches be identified? b) Please provide a breakdown of the percentage of "general" and "technical" complaints received to date that have been resolved within the handling times set out in response to SQ18-001133.	Written

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SQ19-000170	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Are the number of staff that are intended to be employed or engaged by the ADHA to handle complaints higher or lower than the number of staff employed or engaged by the ATO to handle complaints? If lower than the ATO, how much lower?	Written
SQ19-000171	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Is, or has there been, any mechanism by which a health practitioner or practice may receive a payment in an amount that is, to at least some extent, positively correlated to the number of people who have been enrolled in My Health Record by, or with the assistance of, that practitioner or practice? If so, please provide full details regarding how such payment amounts are, or were, determined.	Written
SQ19-000172	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	How much per year has been paid out as part of the "PIP" (referred to by Ms Edwards on 20 February 2019, Hansard p 61)?	Written
SQ19-000173	1 - Health System Policy, Design and Innovation	Griff, Stirling	My Health Record	Have there been any complaints received from persons who say they were enrolled in My Health Record without their consent? If so, how many complaints?	Written
SQ19-000174	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	How much to date has been spent on the Health Star Rating program? In answering, please provide a breakdown by year.	Written
SQ19-000175	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	How many different products currently have a Health Star Rating? a) If possible, please provide an estimate of what proportion of products that could have a Health Star Rating this relates to.	Written
SQ19-000176	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	How many different products currently have a Health Star Rating of 1?	Written
SQ19-000177	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	How many different products currently have a Health Star Rating of 0.5?	Written
SQ19-000178	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	How many products have been reformulated since the commencement of the Health Star Rating program to give them a higher Health Star Rating?	Written
SQ19-000179	2 - Health Access and Support Services	Griff, Stirling	Health Star Rating	Is there any evidence, other than information based on consumer surveys, to demonstrate that the Health Star Rating program is leading to consumers making healthier purchasing choices? If so, please detail this evidence.	Written
SQ19-000180	2 - Health Access and Support Services	Griff, Stirling	Mental Health	In reference to the 2019 Productivity Commission Report on Mental Health Management: What is the explanation for why South Australia appears to be amongst the worst of all states in terms of failing to attend to mental health emergency cases within the clinically recommended waiting times?	Written
SQ19-000181	2 - Health Access and Support Services	Griff, Stirling	Mental Health	In reference to the 2019 Productivity Commission Report on Mental Health Management: Who is responsible for collecting data to enable assessment of the affordability of mental health services? What is the time frame in which this data will be made available?	Written
SQ19-000182	2 - Health Access and Support Services	Griff, Stirling	Mental Health	In reference to the 2019 Productivity Commission Report on Mental Health Management: Is any data currently being collected to enable reporting against the indicator "stigma and discrimination experienced by people living with mental health problems or mental illness"? If so, who is collecting this data and what are the time frames for making it available?	Written
SQ19-000183	2 - Health Access and Support Services	Griff, Stirling	Mental Health	In reference to the 2019 Productivity Commission Report on Mental Health Management: a) What are the top three priorities for the National Mental Health Commission (NMHC) for 2018/19? i. How will performance in relation to these priorities be measured? b) What proportion of the NMHC budget for 2018/19 is allocated for travel and related expenses? How much in total is this?	Written
SQ19-000184	2 - Health Access and Support Services	Griff, Stirling	Alcohol and Drug Treatment Services	Referring to the two meetings held on 27 April 2018 as mentioned by Mr Laffan (20 February 2019, Hansard p 94): a) Did the Department attend at either of those meetings with a preformed view as to what it considered were likely to comprise the "areas of need"? b) Was there any communication with the Minister prior to these meetings concerning or in any way related to "areas of need"? If yes, on what date or dates did the communication occur? What was the nature of the communication? c) Has the Department been given access to information which identifies the actual locations of each of the waste water treatment plants that have participated in the National Wastewater Drug Monitoring program? If yes, were the results of wastewater drug monitoring at individually identified locations in regional South Australia made available to the Department prior to 27 April 2018? d) Were wastewater drug monitoring data at individual locations separately compared, canvassed or taken into consideration at one or both of the meetings that occurred on 27 April 2018? e) Is the Department aware of the Country SA PHN report dated September 2016 entitled "Summary of Feedback – Mental Health, Drug and Alcohol Forums"? If so, was it aware of the contents of this report prior to 27 April 2018?	Written
SQ19-000185	2 - Health Access and Support Services	Griff, Stirling	Alcohol and Drug Treatment Services	On what basis was no part of the southeast of South Australia identified as "an area of need"? a) In light of the fact that of the two ICE Forums held in South Australia last year, both were held in the southeast of the State, namely in Mount Gambier and Bordertown, is it intended that additional alcohol and drug treatment services funding will be provided to assist communities in the south east of the State? If so, how much funding and when will it be made available?	Written
SQ19-000186	4 - Individual Health Benefits	Griff, Stirling	MSAC Applications	What recommendation, if any, did MSAC make after its March stakeholder meeting in relation to the application for Non-Invasive Pregnancy Testing (MSAC application 1492)? a) What are the next steps for making this procedure available on the MBS and what is the timeframe?	Written
SQ19-000187	4 - Individual Health Benefits	Griff, Stirling	Antenatal Care Gap Fees	In reference to the response to SQ18-001147, what were the highest fees charged per jurisdiction?	Written
SQ19-000188	4 - Individual Health Benefits	Griff, Stirling	Antenatal Care Gap Fees	Have the practitioners who are charging excessive gap fees been specifically contacted and asked to account for their practices?	Written

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SQ19-000189	4 - Individual Health Benefits	Griff, Stirling	Antenatal Care Gap Fees	Does the Department intend to publicly identify practitioners who are found to be charging gap fees, or at the very least fees above the 99th percentile within a given jurisdiction?	Written
SQ19-000190	4 - Individual Health Benefits	Griff, Stirling	Antimicrobial Resistance	a) What work is being done in Program 4.3 to address the issue of antimicrobial resistance (AMR)? b) What work, if any, is being done to review and address the issue of antimicrobial medication pack sizes not matching prescribing guidelines? Please describe in detail with timeframes for implementation of any actions. c) What work, if any, is being done to amend the PBS to address the issue of unnecessary repeats of antimicrobials being available under the PBS?	Written
SQ19-000191	4 - Individual Health Benefits	Griff, Stirling	Antimicrobial Resistance	Does the department have any information on how often shortages in supply of antimicrobials are resulting in inappropriate use of other antimicrobials? Is this considered to be an issue that needs addressing? What is being done to address this issue?	Written
SQ19-000192	4 - Individual Health Benefits	Griff, Stirling	Antimicrobial Resistance	Is the work under Program 4.3 that is being done to manage AMR issues subject to reporting arrangements to a particular entity responsible for coordinating a government response to AMR? If so, to which entity is this information reported, and how frequently is Program 4.3 requested to provide updates?	Written
SQ19-000193	4 - Individual Health Benefits	Griff, Stirling	Chronic Pain MedsCheck	The information statement referred to in SQ18-001160 states that 2000 patients in group A and 2000 patients in group B need to be recruited to provide extra information for the trial. How many more patients in addition to these 4000 does the statistical advice indicate are required in order for the trial overall to be successful? a) Is the trial on track to recruit the minimum required number of patients overall? b) How many pharmacies are currently signed up to participate in the trial? c) How many patients have been recruited to date? d) If a significant number of participating pharmacies and/or patients drop out during the trial before the final set of information is collected will this make the trial invalid?	Written
SQ19-000194	4 - Individual Health Benefits	Griff, Stirling	Chronic Pain MedsCheck	Have any complaints about the conduct of this trial been brought to the attention of the Department? How many complaints?	Written
SQ19-000195	4 - Individual Health Benefits	Griff, Stirling	Chronic Pain MedsCheck	If patients who do not fully meet the eligibility criteria for the Chronic Pain MedsCheck trial are nevertheless being recruited to participate in this trial, would this be a concern for the department?	Written
SQ19-000196	4 - Individual Health Benefits	Griff, Stirling	Chronic Pain MedsCheck	Of the \$20 million cost of the trial, how much is to be paid to: a) Australian Healthcare Associates? b) Health Consult? c) Bellberry HREC? d) Pharmacy Guild? e) Pharmaceutical Society of Australia?	Written
SQ19-000197	4 - Individual Health Benefits	Griff, Stirling	Chronic Pain MedsCheck	What is the total amount of government funds that have been allocated in 2018/19 for the various MedsCheck services (i.e. MedsCheck, Diabetes MedsCheck, Chronic Pain MedsCheck)?	Written
SQ19-000198	4 - Individual Health Benefits	Griff, Stirling	Out-of-Pocket Costs	a) On what date was the Ministerial Advisory Committee report on out-of-pocket costs delivered to the Minister? b) How many recommendations were in the report? c) When will the report be made publicly available? d) When will the Minister respond to the recommendations in the report? e) What steps have been implemented to date to reign in gap fees? f) What, if anything, prevents the department from naming those practitioners who charge substantial gap fees?	Written
SQ19-000199	1 - Health System Policy, Design and Innovation	Griff, Stirling	Quality and Safety Data Reporting	In reference to the statement by Prof Murphy (20 February 2019, Hansard p 53) indicating that the various specialty medical colleges collect comprehensive data at the individual surgeon level and "nobody objects in principle to public reporting": a) Is the government collecting data on the complication rates of individual surgeons? b) Why is Australia behind other countries in sorting out "risk-rating" issues referred to by Prof Murphy? c) Why is Australia behind other countries in public reporting of indicators at the individual surgeon level?	Written
SQ19-000200	4 - Individual Health Benefits	Griff, Stirling	MBS Taskforce	Has the government accepted the recommendation that MBS items for unguided joint or bursa injection or aspiration procedures be reintroduced? When will this recommendation be acted upon?	Written
SQ19-000201	4 - Individual Health Benefits	Griff, Stirling	MBS Taskforce	The MBS taskforce has found that abolition of item 50124 in 2009/10 resulted in a doubling of annual costs of injections to joints. What is the estimated overall cost to date arising from what appears to have been a misguided policy objective that resulted in the abolition of item 50124?	Written
SQ19-000202	5 - Regulation, Safety and Protection	Griff, Stirling	Blood	Are there any regulations, guidelines, policies or other measures in place that prevent people with known high levels of toxins in their blood from donating blood? a) Are people who have high levels of PFAS in their blood but otherwise meet the donor criteria encouraged or discouraged from donating blood? b) Is it considered irrelevant, encouraged, or should people who have had their blood tested for PFAS and have discovered that it contains high levels of PFAS disclose this information to the blood donation service prior to donating their blood?	Written
SQ19-000203	5 - Regulation, Safety and Protection	Griff, Stirling	e-Cigarettes	How many persons or businesses are currently registered under the ICNA Act to import or manufacture liquids for e-cigarettes? a) Is there any information or estimate as to whether the number of parties that are registered to import or manufacture liquids for e-cigarettes comprises most if not all of the parties that are required to be registered? b) Have there been any actions taken in respect of parties that are required to be registered but who are not registered? If so, how many actions and what type of actions? If not, why not?	Written
SQ19-000204	2 - Health Access and Support Services	Griff, Stirling	e-Cigarettes	Has the department received any legal advice as to how e-cigarette liquids that do not contain nicotine should be characterised for the purposes of Commonwealth legislation? If so, when was this advice received? If not, will the department consider obtaining legal advice on this question?	Written
SQ19-000205	2 - Health Access and Support Services	Griff, Stirling	e-Cigarettes	Has the department finished preparing its response, for government consideration, in the inquiry into e-cigarettes that Mr Laffan referred to at last Estimates? If yes, what date was the response given to government. If no, what date will the department deliver the response to government?	Written

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SQ19-000206	2 - Health Access and Support Services	Griff, Stirling	e-Cigarettes	A recent study by the Telethon Kids Institute found 6 out of 10 e-cigarette liquids that it tested which were sold in Australia as nicotine-free, in fact contained nicotine. Is the department looking into this finding? a) Has the department done any testing of e-cigarette liquids to assess whether those being sold in Australia contain nicotine? If so, what testing has been done? If not, does it intend to? b) What, if any, follow up actions are being undertaken by the department in light of the findings of this study?	Written
SQ19-000207	2 - Health Access and Support Services	Griff, Stirling	e-Cigarettes	In reference to the statement by Dr Skerritt (20 February 2019, Hansard p 129) "[o]ur role will come in if there's evidence of chemicals that are toxic in those products", what steps is the department taking to assess the toxicity of chemicals in e-cigarette liquids?	Written
SQ19-000208	1 - Health System Policy, Design and Innovation	Griff, Stirling	Conflicts of Interest	Is the department aware of the recent Australian study (Moynihan et al 2019) that found at least 1 in 5 of the doctors who write clinical guidelines had a relevant relationship with a drug company that was not disclosed in the guidelines? a) When the department commissions clinicians to write guidelines what, if any, proactive steps does the department take to verify that the chair and committee members do not have undeclared conflicts of interest? b) Does the department conduct audits of the authors of its guidelines to ascertain whether they are fully compliant with the NHMRC disclosure policies? If not, does it intend to? c) Has the department, or does it intend to review or investigate previous guidelines to assess whether they may be tainted by undisclosed conflict of interest concerns?	Written
SQ19-000209	2 - Health Access and Support Services	Griff, Stirling	Conflicts of Interest	Has the department considered whether legislation requiring all practicing doctors to disclose benefits they have received from drug and prosthesis companies would be in the public interest? If not, will it do so?	Written
SQ19-000210	2 - Health Access and Support Services	Griff, Stirling	Conflicts of Interest	Has the department considered developing a publicly searchable website that lists all benefits received by doctors from drug and prosthesis companies? If not, will it do so?	Written
SQ19-000211	4 - Individual Health Benefits	Williams, John	MRI Licences	The government has announced there will be 50 licences issued for the placement of 50 local MRI machines across the country. Licenced MRI's attract Medicare rebates for patients. I know there have been applications for MRI machines for rural and regional centres such as Inverell and Young in NSW. From what I can see on the Accessibility and Remoteness Index of Australia, Inverell is classed as Outer Regional and Young is Inner Regional. In Inverell's case the nearest MRI machine is 90 minutes away at Armidale and the closed one to Young is at Wagga Wagga. a) When will we know when the next licences will be issued? b) Does locality and proximity to other MRI machines become a deciding factor? c) Can I be assured that fair consideration is given to rural and regional areas where services are lacking?	Written
SQ19-000212	2 - Health Access and Support Services	Griff, Stirling	Alcohol and Drug Treatment Services	How many applications in total were submitted for grants from the \$20 million drug and alcohol treatment funding announced by Minister Hunt on 23 November 2018? a) How many service providers applied for funding in each of the identified "areas of need"? b) When will the successful applicants be notified? c) What is the timeframe for signing contracts with the successful applicants? d) How many applications were successful? e) How many different applicants were successful?	Written
SQ19-000213	2 - Health Access and Support Services	Griff, Stirling	Alcohol and Drug Treatment Services	How much funding has been made available from June 2017 to July 2019 to withdrawal management and rehabilitation services to provide evidence-based treatment services for individuals most in need? a) How much of this funding has so far been allocated?	Written
SQ19-000214	5 - Regulation, Safety and Protection	Griff, Stirling	ARPANSA	In reference to the scathing review of ANSTO operations arising from the independent review of ANSTO that was initiated by ARPANSA on 29 June 2018, the provision of an action plan by ANSTO to ARPANSA on 4 December 2018 and the ongoing safety incidents at ANSTO: a) Has ARPANSA provided initial feedback to ANSTO on the action plan as was indicated would occur in late December? b) Will the feedback be made publicly available? If not, why not? c) What sections of the action plan did ARPANSA consider needed amending? d) Has a modified action plan been approved by ARPANSA?	Written
SQ19-000215	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Quality Indicator Program	a) The program has been voluntary since 2016. When was the decision taken to make the program mandatory for all Commonwealth subsidised residential aged care providers? b) How many providers will be required to participate? c) How and when was this communicated to aged care providers? d) What, if any, transition arrangements are in place? e) Will the three clinical indicators be benchmarked? Please advise what constitutes a 'normal' range for each of the three indicators. f) What sanctions will apply to providers who do not report as required? g) Was this change made public by the Department or Minister? If so, how and on what date did this occur? Please point to, or provide a copy of, the announcement.	Written
SQ19-000220	2 - Health Access and Support Services	O'Neill, Deborah	CoS Funding Modelling	a) Can the Department provide an update on the modelling that is being undertaken on how much each PHN will receive as part of the Continuity of Support Program? b) Can the Department confirm by what date the PHNs will have commissioned services for this funding? c) Can the Department confirm if work was or is being undertaken on continuing block funding to organisations that deliver PIR, PhAMs and D2DL under the CoS funding? d) Can the Department confirm that 8,800 predicted participants is the most up to date figure the Department is using for modelling CoS? e) If this is not the figure, can the Department provide the figure that it is using in relation to the modelling. f) Can the Department provide detail on how many clients from each program of PhAMS, PIR and D2DL are expected to be serviced by the CoS?	Written
SQ19-000221	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Summit outcomes	In relation to the Suicide Prevention Summit held in December 2018, can the Department confirm if work or planning is being undertaken on suicide prevention for an upcoming COAG meeting? If yes, please provide details. If no, why not?	Written
SQ19-000222	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Summit outcomes	Can the Department confirm if a national suicide and self-harm monitoring system will be established? If yes, please provide the date the system will be established.	Written
SQ19-000223	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Summit outcomes	Please confirm if any briefings or advice have been given to the Minister on establishing a national suicide and self-harm monitoring system? If yes, please provide dates. If no, why not?	Written

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SQ19-000224	2 - Health Access and Support Services	O'Neill, Deborah	NHMRC Mental Health Research Announcements	Can the Department confirm how many of the NHMRC Mental Health grants from the most recent round of funding have been announced individually by the Minister and the amount of funding each of these projects received? Please provide a list of every project and funding amount that has been announced by the Minister.	Written
SQ19-000225	2 - Health Access and Support Services	O'Neill, Deborah	PHN Advisory Panel	a) In relation to the PHN Advisory Panel, can the Department confirm when the "horizon" document will be released? If yes, please provide a date or time frame for the document to be released. If there is no release date, why not? b) If this "horizon" document will not be released publicly, was this a decision of the Minister or was it based on advice from the Department? c) Can the Department provide detail on how the "horizon" document differs in its roles to the framework that was supposed to be developed by the panel? d) Can the Department please provide a rationale of why the "horizon" document was the preferred choice to be developed?	Written
SQ19-000226	2 - Health Access and Support Services	O'Neill, Deborah	National Psychosocial Support	a) Has the \$80 million National Psychosocial Support funding now been commissioned by all of the PHNs? i. If not, when will this funding be commissioned by? b) Can the Department provide a list of the PHNs that have already commissioned this funding? c) Can the Department please provide detail on how much funding each PHN received and which services were commissioned using the funding?	Written
SQ19-000227	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Announcements	Can the Department confirm that it provided advice to the Minister on the \$3.3 million that was announced towards youth mental health services, including headspace, for the Mornington Peninsula? i. If yes, please provide dates this advice was given to the Minister. ii. If no advice was given, why was this the case?	Written
SQ19-000228	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Announcements	Can the Department confirm if any of the following announcements were part of Department priorities for new headspace centres or youth services? a) Who made the decision on the sites of the services, was it the Minister or the Department? b) Was it based on advice that came from the Department or was it a decision of government? • \$1.5 million towards the construction of an integrated Youth Services Hub in Rosebud on the Mornington Peninsula; • \$300,000 towards the construction of a youth wellness pavilion at Rosebud Secondary College; • \$1.5 million over four years for the operation of a new headspace satellite service in Rosebud and Hastings.	Written
SQ19-000229	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trial Site Progress	a) Can the Department provide the most recent data available on the progress of the 12 suicide prevention trial sites including how much of the funding has been spent to date? b) Can the Department also provide a progress report on each of the 12 trial sites and the activities being carried out?	Written
SQ19-000230	2 - Health Access and Support Services	O'Neill, Deborah	PHN Contract Extension	a) Can the Department please provide a full list of the circumstances in which PHNs will still be able to commission 1 and 2 year contracts and provide the performance measures PHNs must meet to have contracts extended? b) Can the Department confirm the process PHNs must go through to commission 1 and 2 year contracts? c) Can the Department confirm if there is a set of guidelines or protocols that allow PHNs to commission 1 and 2 year contracts?	Written
SQ19-000231	2 - Health Access and Support Services	O'Neill, Deborah	PHaMs, PIR and D2DL Funding and clientele numbers	Can the Department provide, since the inception of PHaMs, PIR, and D2DL programs, the amount of funding each program received per year and the number of clients serviced by each program per year to July 2019.	Written
SQ19-000232	2 - Health Access and Support Services	O'Neill, Deborah	Extra \$170 million to Primary Health Networks	Of the \$1.45 billion for PHNs can the Department confirm that all of the \$170 million in the announcement for PHNs is indexation? If not, can the Department please provide details of where the \$170 million is being directed?	Written
SQ19-000233	2 - Health Access and Support Services	O'Neill, Deborah	PIR Quantum \$12,000 per year	a) Can the Department confirm if it has used a figure of \$12,000 per participant per year for the PIR program planning at any point in time? b) Can the Department confirm if \$12,000 over the forward estimates is a figure that has or is being used for PIR program planning? c) If the figure is not \$12,000 can the Department provide the correct quantum?	Written
SQ19-000234	2 - Health Access and Support Services	O'Neill, Deborah	Be You fast-tracking to the Pilbara	a) In relation to the fast-tracking of the Be You mental health program in the Kimberley and the Pilbara, can the Department confirm when this program will be delivered? b) Can the Department confirm that the \$2.32 million for Beyond Blue was determined in a competitive tender process? c) Did the Department consult with any organisations or community groups to ensure that the program was culturally appropriate?	Written
SQ19-000235	2 - Health Access and Support Services	O'Neill, Deborah	\$26 million perinatal mental health grants	In relation to the perinatal mental health grants announcement, please confirm that the \$26 million of announced grants is new money or an extension of funding, or a combination of the two? Please provide details in relation to how much funding each dedicated grants round receive and how much of that is new money.	Written
SQ19-000236	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - headspace National	Can the Department provide a breakdown of the funding provided to headspace National over the forward estimates?	Written
SQ19-000237	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - National Eating Disorders Collaboration	Can the Department confirm when funding to the National Eating Disorders Collaboration will end?	Written
SQ19-000238	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - National Eating Disorders Collaboration	Will funding to the National Eating Disorders Collaboration be renewed? If yes, can the Department provide details. If no, why not?	Written
SQ19-000239	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - National Eating Disorders Collaboration	a) Can the Department confirm if advice was provided to the Government about renewing funding of the National Eating Disorders Collaboration? b) Can the Department provide detail on when this advice was provided? If no advice has been given, why not? c) Can the Department confirm by when a decision will be made?	Written
SQ19-000240	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - National Eating Disorders Collaboration	Has the Department consulted with industry experts and peak bodies, like the Butterfly Foundation, about extending the funding of the National Eating Disorders Collaboration?	Written
SQ19-000241	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - National Eating Disorders Collaboration	Can the Department provide on notice a breakdown of the funding given to the National Eating Disorders Collaboration?	Written

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SQ19-000242	2 - Health Access and Support Services	O'Neill, Deborah	Headspace – New Sites	a) Can the Department confirm if any consultation is or was undertaken with headspace National regarding the creation of new headspace sites? i. If yes please provide detail and dates the consultation took place. ii. If not, why was consultation not undertaken? b) Can the Department provide the list of headspace sites provided to the Minister or Department? c) Can the Department provide detail on how it is deciding on additional sites? d) Can the Department provide the most up to date list of the Department's priorities for new headspace sites?	Written
SQ19-000243	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Data	Can the Department provide a list of each headspace centre, by Federal electorate and state/territory and include for each centre: funding, the latest number of young people provided with services and the latest number of occasions of service?	Written
SQ19-000244	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Medicare	In December, the Government announced \$110.7 million to create a new MBS item for Australians living with severe and complex eating disorders. a) Can the Department provide details on why this new MBS item is limited to those only living with severe and complex eating disorders? b) Can the Department confirm if this decision was made on a recommendation of the MBS Review Taskforce, or on advice by the Department or if it was a decision of government? c) Can the Department provide details on how the subset of 'severe and complex' was decided on and if the Department gave advice on this? d) Can the Department explain how the MBS item was costed, or what modelling was used to cost the MBS item?	Written
SQ19-000245	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Medicare	a) Can the Department confirm how it was decided that 30,000 people living with an eating disorder will access the new MBS item? b) Was it based on advice from the Department? i. If not, why not, and can the Department provide detail on what basis it was decided on? c) At the announcement the Prime Minister and Minister Hunt made clear they do not wish to see this number of 30,000 as a cap. Has this been accounted for?	Written
SQ19-000246	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Medicare	Can the Department please confirm the definition of 'severe and complex' eating disorder?	Written
SQ19-000247	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Prevention	a) Can the Department confirm what work the government has done on the prevention of eating disorders? b) Can the Department provide a detailed list of all measures and associated funding and how they work to prevent eating disorders under the current government and over the forward estimates?	Written
SQ19-000248	2 - Health Access and Support Services	O'Neill, Deborah	Body Image	Can the Department provide a detailed list of government initiatives to address body dissatisfaction and their associated funding under the current government and over the forward estimates?	Written
SQ19-000249	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Research	a) The Government has announced \$4 million to the InsideOut Institute for Eating Disorders for research. Can the Department confirm when the decision was made to provide this funding? b) Can the Department provide detail about why InsideOut was chosen and if this funding was open to a tender process? If not, why not? c) Is this funding part of the Million Minds Mental Health Research Mission where eating disorders are a current priority? i. If not, can the Department provide details in relation to what program this funding is part of?	Written
SQ19-000250	2 - Health Access and Support Services	O'Neill, Deborah	Headspace - Satellite Services	a) Can the Department explain how the headspace satellite sites were chosen for the MYEFO announcement (Mount Barker, Victor Harbor, Margaret River and Wangaratta)? b) Can the Department confirm if headspace National consulted? c) Can the Department confirm who made the decision as to the location of the sites, was it based on advice by the Department or was it a decision of government? d) Can the Department confirm if other sites were considered? If so, can the Department provide a list of the considered sites?	Written
SQ19-000251	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders - Letter to Prime Minister	In November 2018, Bill Shorten wrote to the Prime Minister urging that they work together to make this a mission of Parliament to develop and implement a National Plan for Eating Disorders. a) Has the Department been involved in writing a response? b) Has the Department or Minister undertaken any work to make sure this occurs?	Written
SQ19-000252	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	The Visas for GPs initiative was first announced in April 2018 and articulated further in the 2018 budget. The recent announcement hints that the current District Workforce Shortage determination process will substantially change. Why have you waited until now to provide some detail on the initiative?	Written
SQ19-000253	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	Has the Minister confirmed in writing that any changes to the current classification system will be published in a timely manner? Is this still the case and will the Minister keep her word?	Written
SQ19-000254	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	What is the new planning tool which will be used by Rural Workforce Agencies to determine if a position is being offered in an area of need? How will it work?	Written
SQ19-000255	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	How will the planning tool co-exist with District of Workforce Shortage determinations?	Written
SQ19-000256	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	Is the Government considering scrapping the District of Workforce Shortage process?	Written
SQ19-000257	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	a) Will there be practices in areas that are classified (or currently classified) as a District of Workforce Shortage, yet won't be able to obtain a Health Workforce Certificate? b) Will this reduce access to health services in areas where there is already a shortage?	Written
SQ19-000258	2 - Health Access and Support Services	Watt, Murray	Visas for GPs	Combined with the reduction in visas and this measure producing a \$415 million saving, isn't this just a cut to Medicare services by stealth?	Written
SQ19-000259	2 - Health Access and Support Services	Watt, Murray	Workforce Incentive Program	Is the Workforce Incentive Program on track to begin on 1 July 2019?	Written
SQ19-000260	2 - Health Access and Support Services	Watt, Murray	Workforce Incentive Program	a) Are there any areas which currently have access to incentives under the Practice Nurse Incentive Program or the General Practice Rural Incentives Program that will lose access under the Workforce Incentive Program due to changes to eligibility? b) Can you confirm that no parts of Tasmania will lose access to the incentives?	Written

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SQ19-000261	3 - Sport and Recreation	Farrell, Don	Grants	Please provide details of all successful applicants to the Move It AUS Community Sport Infrastructure grants program, from all rounds, up to date to the day of providing the response to this question on notice.	Written
SQ19-000262	3 - Sport and Recreation	Farrell, Don	Grants	Please provide details of all successful applicants to the Move It AUS Participation grants program, up to date to the day of providing the response to this question on notice.	Written
SQ19-000263	3 - Sport and Recreation	Farrell, Don	Grants	Please provide details of all successful applicants to the Move It AUS Better Ageing grants program, up to date to the day of providing the response to this question on notice.	Written
SQ19-000264	3 - Sport and Recreation	Farrell, Don	Grants	Please provide details of all Government funding announcements since Budget 2018-19 relating to Sport programs, policies or projects.	Written
SQ19-000265	3 - Sport and Recreation	Farrell, Don	Sporting Schools	a) Of the \$200 million budgeted for the Sporting Schools program, how much has been expended to date? b) When does the program's currently budgeted funding cycle end? c) How much of the total amount already expended on the program over its lifetime has been expended since the last evaluation of the program in 2016/17?	Written
SQ19-000266	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Please provide detailed information on how much funding has gone to primary schools and how much to secondary schools under the program, year by year and broken down by State/Territory and whether the school is public or private.	Written
SQ19-000267	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Please provide figures that show how many boys and how many girls have participated in the program in each State/Territory year by year.	Written
SQ19-000268	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Since the program started collecting information on additional time schools have dedicated to sport and physical activity, what is the proportion of primary and proportion of secondary schools that report increased time spent on sport and physical activity through the program?	Written
SQ19-000269	3 - Sport and Recreation	Farrell, Don	Sporting Schools	What has been done about the schools that have reported no increase in sport or physical activity as a result of participating in the program?	Written
SQ19-000270	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Isn't it a condition of funding that the sport and physical activity provided through the program is additional to what a funded school was already providing?	Written
SQ19-000271	3 - Sport and Recreation	Farrell, Don	High Performance Funding	During Estimates on 20 February, Mr Conde referred to "refresh programs for sports" and said some funding had been "put aside until the completion of those refresh strategy processes". Please elaborate on what these "refresh strategy processes" are, what the implications of those processes are for the sports involved and how much funding has been set aside until the completion of those processes.	Written
SQ19-000272	2 - Health Access and Support Services	Farrell, Don	National Obesity Summit	Please provide the menu for the National Obesity Summit event held in Canberra on 15 February 2019.	Written
SQ19-000273	3 - Sport and Recreation	Farrell, Don	Sport Australia Rebranding	The response to QoN 1233 from Supplementary Estimates in October 2018 stated that the projected total cost for the rebranding of the Australian Sport Commission as Sport Australia was \$133,051. Is that still the projected cost and if not what is the current projection?	Written
SQ19-000274	3 - Sport and Recreation	Farrell, Don	Move It AUS campaign	a) The response to QoN 1236 from Supplementary Estimates stated that \$8,437,800 had been budgeted for the Move It AUS campaign across 2017-18 and 2018-19. How much of that budgeted funding has now been expended? b) In response to the same QoN a breakdown was provided, showing details of the spend across metropolitan television, regional television and subscription television. Please provide an updated version of that breakdown to the same level of detail.	Written
SQ19-000275	3 - Sport and Recreation	Farrell, Don	National Sport Tribunal	Has any thought been given to how issues might be dealt with in the particular circumstances where a person or person(s) who are subject to the rules of a sport are in dispute with the sport and the sport does not agree to have the matter dealt with by the Tribunal? What avenues of appeal, if any, will people in that situation have, given a sport could easily avoid arbitration by simply refusing to have the matter dealt with by the tribunal?	Written
SQ19-000276	3 - Sport and Recreation	Farrell, Don	National Sport Tribunal	a) Has consideration been given to differing ability to pay across different sports when the Tribunal moves to what is likely to be some sort of cost-recovery model after its first two years? b) Has consideration been given to how costs might be split, particularly in situations where an individual or individuals, who might have extremely limited ability to pay, are in dispute with a sport that might have a far greater capacity to pay costs?	Written
SQ19-000277	3 - Sport and Recreation	Farrell, Don	Community Sports Infrastructure Grant Program	a) How many applications has the Department received for grants under that program? b) How many have been successful? Please provide a full list of all successful grant applications, detailing the name of each applicant, the project description, the date on which the grant application was received by the Department and the date on which the grant was officially awarded. c) What process was followed for assessing grant applications?	Written
SQ19-000278	3 - Sport and Recreation	Farrell, Don	Community Sports Infrastructure Grant Program	a) Did the Department provide the Minister for Sport, or any other Minister, with recommendations as to which grant applications should be approved? If so, were all of those recommendations accepted? b) Please provide a list of all grant applications that were recommended for approval by the Department but which the Minister did not approve (if any).	Written
SQ19-000279	3 - Sport and Recreation	Farrell, Don	Community Sports Infrastructure Grant Program	Did the Minister for Sport, or any other Minister, award any grants – or ask the Department to award any grants (or suggest that the Department award any grants) – that had not been specifically recommended for approval by the Department? If so, please provide a full list of the relevant grants detailing, among other things, the name of the grant recipient, the project description and the funding amount.	Written
SQ19-000280	3 - Sport and Recreation	Farrell, Don	Community Sports Infrastructure Grant Program	Is it normal for the elected local representative of a successful grant applicant to be informed of a successful grant application before an unelected candidate? When it comes to informing local MPs, what process is followed?	Written

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SQ19-000281	3 - Sport and Recreation	Farrell, Don	Community Sports Infrastructure Grant Program	I refer to the recent controversy involving the presentation of a government grant under the Community Sports Infrastructure Grant Program by Liberal candidate Georgina Downer. a) Did the Department recommend that the Minister approve the grant application that had been made by the Yankalilla Bowling Club? If so, were there any discussions between the Minister for Sport – or any other Minister – and the Department about the Yankalilla Bowling Club prior to the Department making that recommendation? If so, please provide details of what was discussed and when those discussions took place. b) Did Georgina Downer make any written representations to the Department in support of the grant application by the Yankalilla Bowling Club? If so, please provide details of when those representations were made and what those representations consisted of. c) Is the Department aware that Ms Downer was informed of Yankalilla Bowling Club's successful grant application before the sitting MP? How did that happen? d) Is the Department aware of any other Liberal or National Party candidates being informed of successful grant applications before a sitting MP had been notified? If so, please provide a complete list with details, including the details of each relevant grant application (e.g. name of applicant, location of project and funding amount).	Written
SQ19-000282	4 - Individual Health Benefits	Watt, Murray	MBS Fee Structure	a) How many non-VR medical practitioners were not enrolled in one of the Other Medical Practitioner programs by 31 December 2018? b) Is it correct that those practitioners will therefore be billing the lower value MBS items? c) Can you provide State and Modified Monash Model breakdown of the location of those practitioners? d) Will this impact the ability of communities to attract GPs in areas of workforce shortages?	Written
SQ19-000283	4 - Individual Health Benefits	Watt, Murray	MBS - Out of pockets	The Department has previously provided the average out-of-pocket cost for GP and specialist attendances in each Commonwealth electorate. Please provide an update on these figures in each Commonwealth electorate.	Written
SQ19-000284	4 - Individual Health Benefits	Watt, Murray	MBS - Bulk billing rates	The Department has previously provided the bulk billing rate by Commonwealth electorate and type of service (GP, specialist and total MBS). Please provide an update on these figures in each Commonwealth electorate.	Written
SQ19-000285	4 - Individual Health Benefits	Watt, Murray	MBS - Bulk billing rates	The Department has previously provided the number of patients who had all GP services bulk billed in each state/territory and Commonwealth electoral division. Please provide updated figures for Australia, each state/territory, and each Commonwealth electorate.	Written
SQ19-000286	4 - Individual Health Benefits	Watt, Murray	PBS - Listings	The Department has previously provided a list of medicines/vaccines that have been recommended by the PBAC but not yet listed on the PBS/NIP. Please provide an updated list of medicines/vaccines that have been recommended by the PBAC but not listed on the PBS/NIP as of the date of the Department's response.	Written
SQ19-000287	5 - Regulation, Safety and Protection	Watt, Murray	Industrial Chemicals Bill	The Industrial Chemicals Bill 2017 and related bills recently passed the Parliament. Are there any measures included in the Bills to protect native species?	Written
SQ19-000288	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Has the Department proceeded with any work on the ACFI while the Resource Utilisation Classification Study (RUCS) has been underway? If yes, please provide details. If not, why not?	Written
SQ19-000289	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	What was the cost of undertaking the RUCS?	Written
SQ19-000290	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Please confirm if the Department has provided any advice or briefings to the Minister or his staff in relation to supporting or rejecting any of the recommendations as part of the RUCS?	Written
SQ19-000291	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Please confirm if a Departmental official made comments about the RUCS in relation to its implementation at a meeting of the National Aged Care Alliance in February this year? On whose advice were these remarks made?	Written
SQ19-000292	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Can the Department confirm if any briefings or advice were also sent to the Minister for Health in relation to the RUCS findings?	Written
SQ19-000293	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Can the Department confirm if it has briefed the Minister for Health or any of his staff in relation to the RUCS findings? If yes, please provide the dates of any meetings.	Written
SQ19-000294	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Please provide details in relation to why the RUCS is not being adopted given the announcement of the trial and the associated funding in February this year?	Written
SQ19-000295	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	On whose advice was the decision to establish a trial post the RUCS being handed to the Minister?	Written
SQ19-000296	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	How long will the trial take?	Written
SQ19-000297	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	What additional findings does the Department need from the trial that are not already part of the RUCS?	Written
SQ19-000298	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	What will the \$4.6 million funding allocation for the trial go towards?	Written
SQ19-000299	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Can the Department provide details of the trial in relation to how it will work, where the trial will take place (i.e. across which states and territories), how long the trial will be and how many residents will be included and how facilities will participate?	Written
SQ19-000300	6 - Ageing and Aged Care	Polley, Helen	Resource Utilisation Classification Study	Is the Department undertaking an open or closed tender process to decide the organisation that will be responsible for the trial? If there is no tender process to be carried out can the Department provide details in relation to what organisation will run the trial?	Written

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SQ19-000301	6 - Ageing and Aged Care	Polley, Helen	Residential Aged Care Funding	Can the Department provide details about the \$320 million general subsidy for residential aged care announced on 10 February, 2019 including: a) How will this funding be distributed and on what basis? b) Will all aged care facilities receive funding? c) Will rural, regional and remote facilities receive any additional funding? If not, why not? d) What will the funding be used for? Is any of this funding tied to care? If yes, how much? If no, why not?	Written
SQ19-000302	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? How does this supplement differ from the dementia and cognition supplement in home care that is currently available to veterans?	Written
SQ19-000303	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? In relation to the \$35.7 million how much is the supplement per veteran? Will it be paid as a daily fee? If yes, please provide details. If no, please provide details.	Written
SQ19-000304	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Will this supplement be available to all veterans receiving home care or only to those veterans who take up home care from the time of the announcement?	Written
SQ19-000305	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Will the supplement be paid regardless of the level of package that the veteran is receiving? If yes, will there be different rates of the supplement depending on the level of package? Please provide details.	Written
SQ19-000306	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? What is the rationale for this supplement to be given to veterans only? Why wasn't the funding announced in February made available to non-veterans? Please explain why it is for veterans only.	Written
SQ19-000307	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? How many veterans are currently receiving a dementia and cognition supplement? How does this figure compare to those receiving the supplement who are not veterans? Please provide details.	Written
SQ19-000308	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Will the same set of eligibility criteria be used for this supplement as applied to the dementia and cognition supplement that is currently available?	Written
SQ19-000309	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Under this funding package will veterans be able to access both the dementia and cognition supplement and the veterans supplement? If veterans cannot access both supplements which supplement will they be eligible for?	Written
SQ19-000310	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Do all veterans who receive the veterans' supplement have a diagnosis of dementia or issue with their cognition function? Is there any other eligibility for veterans to receive this allowance? If yes, please provide details.	Written
SQ19-000311	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? How many veterans are receiving the veterans' supplement up to the February announcement?	Written
SQ19-000312	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Please confirm if the Department of Health consulted with the Department of Veterans' Affairs prior to the announcement being made?	Written
SQ19-000313	6 - Ageing and Aged Care	Polley, Helen	Dementia & Cognition Supplement for Veterans	Can the Department provide the following details in relation to the \$35.7 million supplement for dementia and cognition for veterans that was announced in February this year? Please confirm if the Department of Health consulted with any veterans' groups or organisations? If yes, please provide a list of those individuals, groups or organisations. If no consultation occurred, why not?	Written
SQ19-000314	6 - Ageing and Aged Care	Polley, Helen	A Matter of Care Report	a) Can the Department provide an update on the progress of the A Matter of Care Report? b) Against each of the recommendations can the Department provide details in relation to what work has been undertaken or will be progressed? c) Please provide details in relation to the consultation that has or will be occurring with the aged care sector?	Written
SQ19-000315	6 - Ageing and Aged Care	Polley, Helen	Calculation of Home Care Package Announcements	Please explain how \$1.6 billion was calculated for the 14,000 home care packages included in the 2018-19 Budget? Please include how many packages and the funding for each year across the forward estimates.	Written
SQ19-000316	6 - Ageing and Aged Care	Polley, Helen	Calculation of Home Care Package Announcements	Please explain how \$282.4 million was calculated for these 10,000 home care packages in the 2018 MYEFO? Please include how many packages and the funding for each year across the forward estimates.	Written
SQ19-000317	6 - Ageing and Aged Care	Polley, Helen	Calculation of Home Care Package Announcements	Please explain how \$287.3 million was calculated for these 10,000 home care packages that were included in the 10 February, 2019 announcement? Please include how many packages and the funding for each year across the forward estimates.	Written

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SQ19-000318	6 - Ageing and Aged Care	Polley, Helen	Income & Asset Assessments	a) Does the Department of Health engage with the Department of Human Services in relation to the number of older Australians who are contributing to their home care package? b) At what stage does an income test assessment occur when an older Australian wants to access a home care package? c) How many older Australians receiving an interim or their approved home care package have undertaken an income test assessment? d) How many older Australians waiting for their approved or interim home care package, that is those who don't have any care, have participated in an income test assessment?	Written
SQ19-000319	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	Does the Department monitor how money is being spent by recipients who have been allocated a home care package?	Written
SQ19-000320	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	Can the Department confirm if it provides advice to the Minister's office about the range of services and items that are purchased as part of a home care package by recipients, their family or carers?	Written
SQ19-000321	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	Can the Department confirm if it has developed any guidelines around what a recipient can spend their home care package on? Does any amount of funding have to go towards care?	Written
SQ19-000322	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	Can the Department confirm if funding for a level 4 package can be used by the recipient to upgrade, improve or renovate their home? As an example could any amount of funding of a level 4 package be used towards landscaping or for the building of a deck overlooking a garden?	Written
SQ19-000323	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	a) Can any funding from any level home care package be used to purchase, for example, a desk with a leather top? b) Has the Department put in place any restrictions or limitations to how the money can be spent and by whom? c) What measures has the Department undertaken to monitor how and what the money is being spent on?	Written
SQ19-000324	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Funding	What measures has the Department undertaken to prevent the incidences of elder abuse in relation to family members determining what the home care package money can be spent on?	Written
SQ19-000325	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can the Department confirm if the CHSP is set to continue beyond 2020? If yes, why will the CHSP continue and who made the decision? If not, is the CHSP transition on track to take place in 2020? If yes, can the Department provide an update on its preparedness for the changeover? If no, why not?	Written
SQ19-000326	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can the Department provide the following information in relation to CHSP funding? a) What is the CHSP funding for each year across the forward estimates? b) A breakdown of every different funding bucket within the CHSP for each year and across the forward estimates. c) A list of organisations receiving block funding for each year across the forward estimates. d) A list of providers that receive CHSP funding for each year across the forward estimates.	Written
SQ19-000327	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Can the Department confirm if funding for Meals on Wheels outlets will end on 30 June, 2020? If yes, please provide details outlining how all Meals on Wheels outlets will be funded. If no, will new contracts been sent out to all Meals on Wheels outlets?	Written
SQ19-000328	6 - Ageing and Aged Care	Polley, Helen	Commonwealth Home Support Program	Please explain why contracts post 30 June, 2019 have not been renewed to date? Are there any issues delaying the renewing of contracts?	Written
SQ19-000330	2 - Health Access and Support Services	Brown, Carol	CoS Funding Modelling	a) Can the Department provide an update on the modelling that is being undertaken on how much each PHN will receive as part of the Continuity of Support Program? b) Can the Department confirm by what date the PHNs will have commissioned services for this funding? c) Can the Department confirm if work was undertaken on continuing block funding to organisations that deliver PIR, PhAMs and D2DL under the CoS funding? d) Can the Department confirm that 8,800 predicted participants is the most up to date figure the Department is using for modelling CoS? e) Can the Department provide detail on how many clients from each program of PHaMS, PIR and D2DL are expected to be serviced by the CoS?	Written
SQ19-000331	2 - Health Access and Support Services	Singh, Lisa	Modified Monash Model	Mr Hallinan: Yes. In the Australian General Practice Training Program there are 1,350 places available in the RACGP stream of that program and 150 places available in the ACRRM of the AGPT. Separate to that there are programs now independently run by both ACRRM and the RACGP. I think the RACGP has got registered around 200 additional trainees in their separate experience pathway. around 20 to 30 in the ACRRM pathway, but those numbers are relatively new and we don't have firm advice on them at this stage. Senator SINGH: Okay. Is there a state breakdown of those as well? What about the Modified Monash Model? Where does that fit in? Mr Hallinan: Sure. I will look for a state breakdown. While I do that, the distribution of training places for that base 1,500 component is targeted so that 50 per cent is in Modified Monash 2 to 7 locations and 50 per cent in Modified Monash 1. That's handled both through quotas with the two colleges and through a distributed pathway with a set number of places identified as rural places and a set number of places identified as general pathway places. Senator SINGH: All right. While you're looking for the state breakdown, I'm interested in how many have been filled and how many remain unfilled, either by the state or by the Modified Monash Model. Mr Hallinan: I'm afraid we don't have a breakdown by state. Senator SINGH: Do you want to take that on notice then? Mr Hallinan: We can take that on notice and get you the state-by-state breakdown.	20/02/2019 - Proof Hansard Page 92-93

**Community Affairs Committee**  
**Additional Estimates Hearing, 20 February 2019 - Health Portfolio**

SQ19-000332	6 - Ageing and Aged Care	Polley, Helen	Aged Care Article - Australian	<p>Senator POLLEY: ... I have some questions around an article in the Australian on 7 February of this year. The article was entitled 'Saving cuts create aged care "losers"'. This article was about Minister Wyatt being handed a departmental briefing report showing the 'winners and losers' from Scott Morrison's \$2 billion cut to ACFI and to the dementia supplement across the residential aged care sector. Firstly, does the department truly believe that older Australians receiving care in residential aged care homes should be categorised into winners and losers? Ms Beauchamp: Senator, can I just make a couple of contextual issues. That was the subject of an FOI request from a journalist. It wasn't advice to the minister. It did include the use of terms 'winners' and 'losers', which probably is absolutely inappropriate. Senator POLLEY: This I think has been very disrespectful given the reports of horrendous abuse and neglect within the aged care system. What you're saying is that the department never has provided a brief to the minister using that terminology in relation to the care of older Australians—winners and losers? Ms Beauchamp: That's correct, Senator. It was an internal working document of the department. Senator POLLEY: Can you table that document for us? Ms Beauchamp: I think on our disclosure log on the department's website that information would be available under FOI provisions. But I will just check with my colleagues.</p>	20/02/2019 - Proof Hansard Page 26
SQ19-000333	1 - Health System Policy, Design and Innovation	Siewert, Rachel	Health Peak and Advisory Bodies Funding Programme	<p>Senator SIEWERT: Minister, a number of programs have been rolled over—I heard what you said about three-year programs, but a number have not received CPI in the following round either. These organisations—I talk to them very regularly—are having to cut back their services because they can't deliver the same services, because they can't make the money stretch that far, because it's not indexed. It's fairly well known in the sector. Ms Edwards: There's one issue to mention about this. Some programs are indexed at various rates and so on. I haven't got the material on this one here... Senator SIEWERT: I know. For these particular organisations, could you tell us whether the program is and then take on notice whether the specific organisations are getting indexation for a particular grant.</p>	20/02/2019 - Proof Hansard Page 10