

COMMUNITY AFFAIRS LEGISLATION COMMITTEE HEALTH AND AGED CARE PORTFOLIO 2022-23 BUDGET ESTIMATES - INDEX OF QUESTIONS ON NOTICE – 8 – 10 NOVEMBER 2022

QoN No.	Department/Agency	Senator	Subject	Question	Hansard page/Written	Hearing date/Date received
SQ22-000351	Department of Health and Aged Care	Janet Rice	Gambling as a public health issue	<p>Senator RICE: [...] Is there anyone in the department who would have done an analysis of gambling as a public health issue?</p> <p>Prof. Murphy: I'd have to take that on notice. I'm sure people in our mental health division would have some awareness of the issue. It can certainly become a mental health issue, and there may be some knowledge in that space. But I'm not aware of whether we've done any specific analysis of the health impacts of gambling. Ms Rishniw leads the group that looks after mental health; she might want to come up, but I don't think there's anything else we can add. We're happy to take on notice any work we've done on the effects of gambling and report back to you.</p>	Page 51	8/11/2022
SQ22-000352	Department of Health and Aged Care	Janet Rice	ACFI funding fugure	<p>Senator RICE: Can you take on notice the analysis that you've done of the number of people who, in my simple terms, will end up having to pay more for their care than they would have under the ACFI funding?</p> <p>Dr Hartland: Yes. We may have Mr Benson, who may have that figure, online with us. If not, we've certainly had a look at it, and we know the figures.</p> <p>Mr Benson: I don't have those numbers with me, but I think about three per cent of residents may be paying more, and these are largely residents who haven't submitted a means test. The payments they make are not limited other than by the cost of their care, so they're quite wealthy people who were already paying the full cost of their ACFI and, because their AN-ACC funding is higher, they go on to pay the full amount of that AN-ACC funding.</p> <p>[...]</p> <p>Dr Hartland: There are some people who have submitted a means test where they can end up paying a bit more, but the majority of the group is the group that Mr Benson identified.</p> <p>Senator RICE: Mr Benson, is that three per cent everybody in total or the people who haven't submitted a means test?</p> <p>Mr Benson: The three per cent is everybody, but the vast majority of that three per cent are the non-means- tested residents.</p> <p>Mr Lye: We can come back with the details.</p> <p>Senator RICE: Yes.</p>	Page 65	8/11/2022

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SQ22-000354	Department of Health and Aged Care	Larissa Waters	MBS coverage for home births	<p>Senator WATERS: I'll just ask my final question, just for completeness. Does the government intend to extend the MBS coverage for intrapartum item numbers to include home birth?</p> <p>Senator Gallagher: Not that I'm aware of, but if there is any further advice I can provide, I will update the committee. Not that I'm aware of, though.</p> <p>Senator WATERS: I'm grateful for you taking those questions on notice and for the folk online, too. Thank you.</p>	Page 56	8/11/2022
SQ22-000355	Department of Health and Aged Care	Gerard Rennick	Genotoxicity studies performed on vaccine	<p>Senator RENNICK: Okay, then I'll ask the professors. There was no genotoxicity study done for the rollout of the vaccine. The vaccine has been rolled out now for up to 18 or 20 months. Has any genotoxicity study been performed on the vaccine given that there are a number of modifications to the spike protein that weren't in the initial virus?</p> <p>Prof. Murphy: I'll just see if Ms Duffy from the TGA is online, and whether TGA officials can provide any information about that. They are obviously across all of the material that's submitted as part of the vaccine evaluation.</p> <p>Ms Duffy: I'm sorry, I don't have that information, but I'm happy to take it on notice and bring it back on Thursday if that suits you.</p> <p>Senator RENNICK: That's fine. Initially, when you looked at the assessment it said there were no genotoxicity studies done at all, or carcinogenic or longevity studies. I'm just curious if you've done any since?</p> <p>Ms Duffy: We'll go back and be able to provide that information on Thursday.</p>	Page 76	8/11/2022
SQ22-000356	Department of Health and Aged Care	Janet Rice	Increasing access to allied health services to residents	<p>Ms Rishniw: Yes. There were a couple of measures, as Ms Grinbergs alluded to. There was \$11.7 million allocated for MBS items for an additional five chronic disease management items but for specific therapies, particularly physiotherapy, occupational therapy and physiology, really focused on mobility during the most intense periods of lockdown for residential aged-care facilities. There was \$15.8 million provided to 11 PHNs to commission six months of physical therapy in RACFs as well, which was commissioned to be provided in 119 residential aged-care facilities. That was a grant looking at delivering group therapy in those RACFs but also educating the providers on how to</p>	Page 66	8/11/2022

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				<p>better use the MBS items as well. Those elements finished, in response to the particular lockdowns, on 30 June 2022 and they are currently being evaluated, so I don't have specific numbers on how many MBS claims were made, but we are expecting that evaluation by the end of the year.</p> <p>Senator RICE: Will that be public, that evaluation?</p> <p>Ms Rishniw: That will be a matter for government.</p> <p>Senator RICE: I'd like to request on notice having that evaluation. Given that evaluation won't be concluded until the end of the year, what information did the government use to decide to end those programs?</p> <p>Ms Rishniw: They were initially targeted around lockdowns in residential aged-care facilities. They were initially put in place to meet those needs and they were always designed to be terminating measures.</p> <p>Senator RICE: Really? As part of the evaluation, is there analysis done of the benefits of increasing access to allied health services to residents?</p>		
SQ22-000357	Department of Health and Aged Care	Gerard Rennick	Hospital transmission and ICU admission for vaccinated groups in New South Wales	<p>Senator RENNICK: I don't have those particular New South Wales health numbers in front of me, but vaccinated 1, 2, 3, 4 groups all have higher numbers of hospital transmission and ICU admission.</p> <p>Prof. Kelly: We know, absolutely, without hesitation, that, with fully vaccinated people, just two doses is enough to give at least a 30-times less chance of being hospitalised-in Australia; that's Australian data.</p> <p>Senator RENNICK: Based on what, because the non-clinical report said-</p> <p>Senator Gallagher: Based on vaccination data.</p> <p>Prof. Kelly: Based on the truth and facts.</p> <p>Senator RENNICK: Be more specific than that. Actually quote the data source, please.</p> <p>Prof. Kelly: That's the data source from the national data that we have, in the Commonwealth, which is provided to us by the states and territories.</p> <p>Senator RENNICK: Can you provide that to me? I haven't seen the state data outside New South Wales.</p> <p>Prof. Kelly: I'm very happy to provide that to you on notice.</p>	Page 77	8/11/2022
SQ22-000358	Department of Health and Aged Care	Anne Ruston	Aged-care award and nurses award	<p>Ms Strapp: The decision of the Fair Work Commission covers direct-care workers under the SCHCADS award, under the aged-care award and under the nurses award. Whether they work in home care or residential aged care, the decision covers them.</p> <p>Senator RUSTON: Minister, I'm assuming from that that the government intends to cover the cost of the</p>	Page 73	8/11/2022

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				<p>determination across the whole of the aged-care sector. It's not just a residential application? Senator Gallagher: Yes. I will take on notice whether there's further I can add to that, but that's my understanding. We've obviously got to work through all the details as previously discussed. Senator RUSTON: Sure.</p>		
SQ22-000359	Department of Health and Aged Care	Anne Ruston	Fraud or misuse of public funds within the agency since the election	<p>Senator RUSTON: Has any incidence of fraud or misuse of public funds within the agency been identified since the election? Mr Wann: No, not since. I might just pull up the stats. We have had some internal allegations, and there have been, up to 30 September, 228 allegations across a range of areas. In terms of actual findings of fraud, there are a number of matters in progress either as a result of those new allegations or as a result of previous allegations being assessed and undertaken. That's continuing. This is not internal, but in terms of prosecutions concluded, there have been three so far this year. There are 26 matters before the courts. In terms of internal ones, though-they'd all be externally based allegations to do with programs. Prof. Murphy: They're mostly MBS and PBS fraud. Mr Wann: Yes. Prof. Murphy: So we're not talking about a lot of allegations of our staff. Mr Wann: No. Senator RUSTON: Well, I am delighted to hear there aren't 228 of those! Prof. Murphy: No. That's across all our programs. Mr Wann: There have been two internal allegations. Senator RUSTON: Are you able to provide any description of those, or talk about what was involved in them, without identifying obviously the matter on foot? Mr Wann: I could well do that. Senator RUSTON: I'm happy if you want to take it on notice. Mr Wann: I might be able to come back to you shortly on that one. Senator RUSTON: I'd just be keen to know what the incident looked like, what sort of monetary or financial value was associated with the alleged fraud and what steps were taken to address the matter. If there was a finding of guilt, it would be interesting to know whether that person or those people are still employed by the agency. Mr Wann: We'll get back to you on that.</p>	Page 58	8/11/2022

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SQ22-000361	Department of Health and Aged Care	Anne Ruston	Bullying or harassment reports	<p>Senator RUSTON: Have there been any reports-formal or otherwise-in relation to bullying or harassment of staff within the agency in the last six months?</p> <p>Mr Wann: Amongst the organisation, there would be allegations of bullying.</p> <p>Ms Balmanno: I can take this one. We have 23 cases on hand in the organisation around bullying and harassment. For comparison, last financial year there were about 47 cases over the course of the year. We have a no-tolerance policy and very much encourage and have actively encouraged people to raise issues and to report where they perceive that there's bullying and harassment, and we look at each of those cases individually.</p> <p>Senator RUSTON: It's just as a matter of interest. I'm keen to understand the kinds of steps you take in a situation where there is a warranted complaint of bullying and harassment and what your procedures are.</p> <p>Prof. Murphy: We'd be very happy to take that on notice. I should point out that in our annual employee census we've shown a progressive decline in staff perceiving that they have been the subject of bullying and harassment. We've had one of our lowest records this year, so we're quite pleased. There is always an element of staff who feel that they're bullied, and we find in our employee census that that's a very positive trend. We can put that in the response on notice, too.</p> <p>Mr Wann: There's also been an increased preparedness to report bullying. The fact that in the census there's a reduction in reported bullying-people are feeling free to actually report on it. Those two stats together are very positive.</p>	Page 59	8/11/2022
SQ22-000362	National Mental Health Commission	Slade Brockman	Qualitative difference from Western Australia to Victoria	<p>Senator BROCKMAN: I'm not being parochial here, but in terms of your visits: Did you cross the Nullarbor? Did you manage to get to Western Australia?</p> <p>Ms Morgan: We certainly did.</p> <p>Senator BROCKMAN: There is a tyranny of distance, so it's always good to hear that. I'm happy for you to take this on notice: is there any qualitative difference between your findings in Western Australia, say, versus Victoria, which had very different experiences over the last few years? It's probably a long answer, so I'm happy for you to take that one on notice.</p> <p>Ms Morgan: I will take it on notice, but I will say: in Western Australia we went to Perth. We went to Geraldton, to Newman and to Broome. We</p>	Page 81	8/11/2022

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				<p>had hoped to get to Kununurra but had some travel challenges in doing that. As I say, in the process we used, we engaged in each community in roundtables with stakeholders and in a community conversation that was open to general public. We presented the Vision 2030 experience of the system that has been put forward as being one that was influenced by the 3,000 voices about what the experience of the system should be, which resonated well. In that context, we then led into a conversation about what the presenting issues were. There were those that I've just mentioned, which were at a top level thematic across all of them, and I should mention the other one was the impact of trauma, which is very well recognised. Certainly, we have picked up differences between communities. We'll take it on notice, but the answer is going to be buried in the voluminous notes that we have taken. We are currently engaged in—we've formulated a coding framework and those notes are currently being assessed back against that coding framework through a research lens. We will come back with it. In terms of the impact of length of lockdown, the early indication is that that will be something that will come forward, particularly around issues of school refusal and disconnection. But I wouldn't want to be any more specific than that. Senator BROCKMAN: I'd be very interested to see the outcomes in that regard though. Thank you.</p>		
SQ22-000363	Department of Health and Aged Care	Anne Ruston	Security breaches	<p>Senator RUSTON: Have there been any security breaches within the agency reported in the last six months? Mr Wann: I'd have to take that on notice.</p>	Page 59	8/11/2022
SQ22-000365	Department of Health and Aged Care	Anne Ruston	Locations with commitments for urgent care clinics	<p>Senator RUSTON: Can we just park the 100 million. I've taken on board what you've said about that. I am just talking about the \$135 million commitment that was made during the election campaign. I will go back to my original question. There were commitments that have been publicly made. Could you advise how many locations have a commitment for an urgent care clinic, and could you provide me a list of those locations? Senator Gallagher: If we can do that on notice, we're happy to provide that. Senator RUSTON: I recall very clearly that the minister made the comment that the determination around what would form the basis of where the clinics were going to be would be a fully transparent process that would be based on very clear guidelines. Are those guidelines available as to what would determine whether a clinic is needed in a</p>	Page 85	8/11/2022

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				<p>particular area?</p> <p>Ms Rishniw: There were clear commitments that they will be existing GP clinics or community health centres, provide free services, be available for extended business hours, provide treatments that don't require hospital admission but will take pressure off emergency departments, be accessible to Medicare card holders and be diverse and respond to the needs of the local community. We've also worked through those design principles with states and territories to make sure that they're targeted. I will need to take on notice providing the detail of that.</p>		
SQ22-000366	Department of Health and Aged Care	Anne Ruston	Contact with Trade Union representatives since election	<p>Senator RUSTON: This is probably for you minister, but you may not be able to answer it, given it's not your portfolio. I'm wondering whether the minister or the minister's office has had any contact with trade union representatives since the election and, if so, which unions and on what matters?</p> <p>Senator Gallagher: By trade unions, are you talking about the ANMF and people like that? Do you include the AMA in the union description?</p> <p>Senator RUSTON: I'm more than happy for any organised-</p> <p>Senator Gallagher: In which case, I would say yes. I'm happy to take it on notice and get advice from the minister's office, but I can absolutely assure that the minister would have met with, certainly, the relevant health unions.</p> <p>Senator RUSTON: I'm keen to understand if there were unions other than the obvious health unions that you'd expect that the minister may or may not have met with during that time, and the same thing to the department. I imagine that you would meet with the CPSU on a regular basis. Have there been meetings between trade union representatives.</p> <p>Prof. Murphy: As part of our regular business, we're do engage and have always engaged with the health unions including the ANMF, the AMA and the Health Services Union, particularly on workforce matters. The aged-care group engages actively. We have always done that. We were talking earlier about the Strengthening Medicare Taskforce. It has ANMF and other union representatives on it. It's part of our normal business of health system that we would engage with the health unions and the CPSU.</p>	Page 59	8/11/2022
SQ22-000368	Department of Health and Aged Care	Anne Ruston	International Travel for Ministers	<p>Senator RUSTON: I'd just be keen to understand what overseas travel has been undertaken by any of the five portfolio ministers, along with the dates and locations of the travel and who travelled with them.</p>	Page 60	8/11/2022

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				<p>Senator Gallagher: Minister McCarthy went to Bali representing the health minister for the G20 Health Ministers Meeting in the last sitting week for two days.</p> <p>Prof. Murphy: Minister Wells went to New Zealand, I think, for a world cup event in sport.</p> <p>Mr Wann: Yes, she did.</p> <p>Senator RUSTON: And Minister McBride went to Italy instead of turning up to the RDAA conference. So perhaps you could take that on notice and provide me with a full list and also of the use of the special purpose aircraft for any travel, and who attended with the ministers if they did use a special purpose aircraft.</p>		
SQ22-000369	Department of Health and Aged Care	Helen Polley	Greater transparency for the aged care sector	<p>1. I have sat here for almost 10 years and talked about the aged care sector and the need for a sector especially in residential aged care which embraces transparency and accountability. Can the department detail to me what plans the Morrison Government had before May of this year to make the aged care sector and residential aged care more transparent? Was there a plan for more widespread auditing of aged care homes and a decisive plan for more unannounced spot checks of residential homes?</p> <p>2. Did the department brief the former Government with a comprehensive plan for greater transparency of the sector?</p>	Written	15/11/2022
SQ22-000370	Department of Health and Aged Care	Helen Polley	Aged care training enrolment data	<p>3. Overall, there are 23,406 national enrolments in the Certificate III in Individual Support, the top aged care related course by enrolment. Can the department provide me with the number of Tasmanians who have enrolled in a certificate III for 2022?</p> <p>4. I understand that the department does not have data on enrolment of training places for new and existing employees. Why is this the case?</p> <p>5. Out of the entire 33,800 training places currently. Does the department envisage that further training places will be necessary if we are to meet demand of aged care services in the future?</p>	Written	15/11/2022
SQ22-000371	Department of Health and Aged Care	Helen Polley	Aged care homes signed up to the Basic Daily Fee (BDF)	<p>7. Under the former government how many aged care homes actually signed up to the Basic Daily Fee (BDF)?</p> <p>8. Under the BDF providers are required to provide quarterly reports to the department on food, nutrition and allied health expenses and on how they ensure appropriate standards of daily living services. Did the department undertake any spot checks of aged care homes or was the reporting mechanism the only accountability measure?</p>	Written	15/11/2022

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SQ22-000372	Department of Health and Aged Care	Helen Polley	Aged care assessments and homecare packages	<p>9. Currently, what is the number of Tasmanians waiting for a homecare package while hospitalised by region?</p> <p>10. What is the number of people waiting for a homecare package who are also NDIS recipients in hospital? Can I have this broken down by state?</p> <p>11. Can the department provide a state-by-state breakdown of the median time elapsed between an assessment by the Aged Care Assessment Team and entry into residential aged care?</p>	Written	15/11/2022
SQ22-000373	Department of Health and Aged Care	Helen Polley	Allied health professionals in residential aged care facilities	<p>12. Can the department detail who and how are the remuneration rates set for Allied Health professionals like OT's and physiotherapists in Residential Aged Care Facilities?</p> <p>13. Is it specific to the Aged Care provider? Do remuneration rates vary from state to state?</p> <p>14. What auditing is undertaken of the services OT's and physiotherapists provide in residential aged care facilities? Has the department ever considered the need for random spot checks or auditing of these services within residential care? If not, why not?</p> <p>15. Many provide one on one treatment for people in aged care. This could be rehab to hot packs and everything in between. But what are the major roles they perform in aged care? And why aren't they audited for the work they do?</p> <p>16. Do allied health professionals like OT's and physiotherapies have KPI's?</p> <p>17. My office has been contacted about the over servicing of aged care homes by physiotherapists. Some residents can be seen up to 4-5 times a week and yet there doesn't seem to be any accountability for the services they provide or transparency. Can the department talk to these concerns?</p> <p>18. There is also concern around the use of locum physiotherapy services and the accountability and transparency around the companies that provide these services. Is the department aware of the concern within the community and the widespread use of locum physiotherapy services?</p>	Written	15/11/2022
SQ22-000374	Department of Health and Aged Care	Helen Polley	Aged care financial report	<p>19. Will the Aged Care Financial Report be made publicly available? If yes, will information on the types of services provided by allied health professionals be included?</p>	Written	15/11/2022
SQ22-000375	Department of Health and Aged Care	Helen Polley	AN-ACC model funding impacting the provision of Allied Health professionals	<p>20. Who decides whether or not allied health treatments are necessary? Will this change as we transition from ACFI to AN-ACC?</p>	Written	15/11/2022

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			in residential aged care facilities	21. How does the transition to the AN-ACC model of funding impact the provision of Allied Health professionals in residential aged care facilities?		
SQ22-000376	Department of Health and Aged Care	Helen Polley	Specialist Dementia Care Program in Tasmania	22. How many applications from Tasmania did the department receive for the Specialist Dementia Care Program? 23. Can the Department update the committee regarding Tasmania's readiness for the Dementia Care Program in Tasmania? 24. A Specialist Dementia Care Program Information webinar was held on 7 April 2022 to support the residential aged care sector in applying for the grant opportunity. How many took part in this webinar? Is the department confident that Tasmania is ready to implement the Specialist Dementia Care Program? If not, why not. 25. Will Tasmania receive a Specialist Dementia Care Program? 26. What steps have been taken to work with the Department of Health in Tasmania and carers and residential homes in readiness for the launch?	Written	15/11/2022
SQ22-000377	Department of Health and Aged Care	Helen Polley	Shortages of beds for people with severe behaviours associated with dementia	27. It is my understanding that Tasmania suffers from a lack of beds in residential aged care for people with severe behaviours associated with dementia. Too often people with severe behaviours are at an acute ward in a hospital. What is the department working on to alleviate this pressure within hospitals across Tasmania and across the country?	Written	15/11/2022
SQ22-000378	Department of Health and Aged Care	Helen Polley	COVID-19 related deaths in residential aged care	28. Can the department provide the exact number of people in residential aged care who died because of COVID-19 or complications associated with it up until May 2022 across the country? 29. Can the department provide the exact number of people in residential aged care in Tasmania who died because of COVID-19 or complications associated with it up until May 2022?	Written	15/11/2022
SQ22-000379	Department of Health and Aged Care	Helen Polley	Residential aged care facilities request for workforce surge support in pandemic	30. From a policy response perspective as a country we must learn from our experiences from the pandemic. It is my understanding that a total of 22 Tasmanian residential aged care facilities made a formal request for workforce surge support during the pandemic and 19 of these residential aged care homes received support. Why didn't all 22 homes receive the workforce surge support? 31. Can the department walk the committee through the process of seeking support? What worked and what did not work? What can we learn from this process to improve access to care if there is another pandemic?	Written	15/11/2022

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SQ22-000380	Department of Health and Aged Care	Helen Polley	ADF deployment to support residential aged care facilities in Tasmania	<p>32. As of the 29 April 2022, a total of 59 Australian Defence Force personnel were deployed to support 10 Residential Aged Care Facilities in Tasmania. I wish to put on the record the committees' thanks and the people of Tasmania's thanks for helping in our time of need. Can the department discuss this process and how operations occurred on the ground? Were there any limitations on the work that the ADF could undertake within aged care homes or were they fully equipped and resourced to deal with the challenges? Were there any notable shortfalls? Particular challenges faced by the personnel to deal with the pandemic.</p> <p>33. Obviously resources were stretched. What capacity limitations did we have on the ground or did the ADF provide all the necessary assistance we required?</p>	Written	15/11/2022
SQ22-000381	Department of Health and Aged Care	Helen Polley	Aged care workforce compensation payments from November 2021 - May 2022	<p>34. In relation to aged care workers and their work and compensation during the pandemic. The Department of Health (the Department) estimates that 6,100 aged care workers in Tasmania would be eligible for an aged care workforce bonus payment. The first 12-month eligibility period for the Aged Care Registered Nurses payment is 1 November 2021 – 31 October 2022. How many payments were made from November 2021 up until May 2022?</p>	Written	15/11/2022
SQ22-000382	Department of Health and Aged Care	Helen Polley	State-by-state breakdown between evaluations by the Aged Care Assessment Team and entry into residential aged care	<p>35. I have in front of me data regarding how long it takes for someone to be admitted into an aged care home in Australia. However, under the former government it would take some time for this data to be available. The only data provided to me from the department is for July 2021-December 2021. So, can the department provide to me a more up to date figure regarding a state-by-state breakdown of the median time elapsed between an assessment by the Aged Care Assessment Team and entry into residential aged care?</p> <p>36. I received the same data timeframe for the following question so what is the number of people waiting for a homecare package, who have elected to enter a residential aged care facility instead of waiting for a package? Can this be broken down by state?</p>	Written	15/11/2022
SQ22-000383	Department of Health and Aged Care	Helen Polley	Data of Home Care Package (HCP) providers	<p>37. Since March 2022 what is the latest figure of how many people are currently accessing a HCP?</p> <p>38. What is the number of HCPs currently available for uptake?</p> <p>39. How many people are seeking a HCP at their approved level, who had not yet been offered at HCP?</p> <p>40. At 20 April 2022, 32,310 of the additional 80,000 HCPs had been</p>	Written	15/11/2022

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				<p>allocated. How many since 20 April 2022 have been allocated?</p> <p>41. At 31 March 2022, there were 916 approved HCP providers. As of now how many HCP provider are there?</p>		
SQ22-000384	Department of Health and Aged Care	Helen Polley	GP workforce exit rates and strategies to keep locals employed locally	<p>42. There is a genuine concern in Tasmania that we are not able to keep enough GPs in the state who have recently graduated. Has the department looked at this issue in depth and what strategies have been considered to keep more locals employed locally instead of losing them to the so called brain drain to mainland states?</p> <p>43. Further, data on exits from the GP workforce shows that in 2020 Tasmania had an exit rate of 3.8% compared to the national rate at 3.2%. Has the Stronger Rural Health Strategy (SRHS) been informed by this fact? And is a higher rate of retiring older doctors placing greater pressure on the health system more broadly and has the department considered educational pathways and fast-tracking courses in medicine to ensure there isn't a further shortfall in the future as more and more experienced doctors retire from the workforce?</p>	Written	15/11/2022
SQ22-000385	Department of Health and Aged Care	Helen Polley	Strategies under former government to increase rate of bulk billing doctors in Tasmania	<p>44. Bulk Billing Rates in Tasmania are notoriously low and many Tasmanians can't find a bulk billing GP. This has been a major issue for many years under the previous government. The rate of bulk billing in Tasmania in 2020-21 was 48.7 per cent compared to NSW which was 72.4 per cent of patients. What did the department do under the former government to address such a discrepancy? Did the former government seek advice as to this issue? Where any strategies compiled to try and increase the rate of bulk billing doctors in Tasmania?</p> <p>45. Based on these extraordinary figures it seems Tasmania is receiving second class treatment in terms of cost of accessing a GP. How is this possible?</p>	Written	15/11/2022
SQ22-000386	Department of Health and Aged Care	Helen Polley	Reduction of overseas trained medical professionals in Australia between July 2021 - January 2022	<p>46. Between July 2021 and January 2022, 1761 overseas trained medical doctors came to Australia. In the same period, 609 overseas trained nurses arrived in Australia. Now this occurred during the pandemic. What reduction did this amount to for the 12 months?</p> <p>47. What actions did the department taken to ensure Australia had access to GPs for regional and rural Australia during the pandemic, if any?</p> <p>48. What are the departments current policy settings to ensure Australia has enough internationally trained doctors working in regional and remote Australia in the future?</p>	Written	15/11/2022

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SQ22-000387	Department of Health and Aged Care	Helen Polley	Locums to provide health services in Tasmanian public hospitals	<p>49. It has been revealed that \$54 million was spent on the salaries of locums and visiting medical officers in Tasmania's four major hospitals from 2020-21. This is despite the State Liberal Government saying more than two years ago that it would address the issue. Can the department detail the position at a federal level in terms of how the department currently views the use of locums in regional and remote Australia and what policies the previous government had in place?</p> <p>50. Was it the previous governments position to continue to rely on locums to provide health services where their exists gaps in care? What previous policies were in place to replace the culture of expensive locums on the Federal Health budget?</p> <p>51. Is a reliance on expensive locums instead of recruiting and incentivising locals or Australian doctors more cost effective to a budget bottom line?</p> <p>52. Has it been the departments position up until May 2022 that locum healthcare services are sustainable?</p>	Written	15/11/2022
SQ22-000388	Department of Health and Aged Care	Helen Polley	Improvements to the Workforce Incentive Programs	<p>53. A locum may fill a GP practice vacancy for a period of time while a permanent doctor is being recruited. For example I know there is a practice on the North West Coast of Tasmania that does this which permanently employs a GP to undertake a six-weeks-on six-weeks-off rotation. My understanding is that this is rare. Is it not true that the majority of locums across the country are used in a clinical setting in a major hospital?</p> <p>54. Through the General Practice Incentive Fund Tasmania, Primary Health Tasmania has received funding of \$2 million to address GP recruitment and retention issues in north and north west Tasmania. In particular, Scottsdale is covered by this program. Can the department detail to the committee how this \$2 million is spent?</p> <p>55. Obviously locums are essential for the continuation of provision of health services where there exists a gap in care however there is a national medical workforce bidding war for locum services across state and territory borders. Up until May 2022 has there not been a more sustainable and efficient model researched or proposed? For example, what improvements have been considered to improve the Workforce Incentive Programs?</p>	Written	15/11/2022

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SQ22-000389	Department of Health and Aged Care	Helen Polley	Employment of medical professionals within the Tasmanian Health System	56. While income is a key driver in attracting and retaining staff, income is negotiated between those who employ doctors and the individual employees in both the Tasmanian public and private sectors. Other factors such as the workplace environment and culture are also important to prospective employees. It is well known that there has been a health crisis amongst our major hospitals for well over a decade now. Is it the departments view that the culture within Tasmanian hospitals and reduced pay when compared to higher remuneration levels from other mainland states and the so called 'crisis' is deterring medical professionals from wanting to seek employment within the Tasmanian Health System?	Written	15/11/2022
SQ22-000390	Department of Health and Aged Care	Helen Polley	Contract with Primary Health Tasmania (Tasmania PHN) for the General Practice Incentive Fund activity	57. On 25 June 2021 the Department of Health executed a contract with Primary Health Tasmania (Tasmania PHN) for the General Practice Incentive Fund activity, which aims to attract and retain general practitioners to areas of workforce shortage by providing incentives to relocate such as accommodation support or access to training and workforce support. Can the department talk to the details of that agreement and how it will operate? 58. From a public policy perspective couldn't some of the money being used for locum services across the country be used to support and train existing staff, improve pay and conditions and employ more staff across the system and then maybe we could move away from a locum culture? Has the department considered any mechanisms or modifications to current programs to reach such an end?	Written	15/11/2022
SQ22-000391	Department of Health and Aged Care	Helen Polley	Details of funding expected for Tasmanian hospitals under the National Health Reform Agreement (NHRA) 2022-23	59. Can the department detail the funding expected for Tasmanian hospitals under the National Health Reform Agreement (NHRA) for 2022-23? 60. Is the funding delivery expected in the forward estimates? 61. How much long-term policy preparation work was completed by the former government. Had a funding model been produced to fund regional healthcare for the following 10 years? 62. In terms of any policy work completed in relation to the Commonwealths regional workforce strategy, what modelling has been completed in terms of workforce needs in the coming decade and decade after that. For example, how large do we expect the workforce to be at a state and territory level if we are to meet demand? Can I have a breakdown of those figures?	Written	15/11/2022

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SQ22-000392	Department of Health and Aged Care	Helen Polley	Negotiations with the Tasmanian Government on the establishment of an Early Psychosis Youth Service (EPYS) hub site	<p>63. Can the department update the committee regarding how negotiations with the Tasmanian Government are going in relation to the establishment of an Early Psychosis Youth Service (EPYS) hub site in Tasmania?</p> <p>64. Has a hub location been selected as of yet?</p> <p>65. We know that access to mental health support across regional Australia is light on the ground. I know that currently the program supports 4,000 people nationally. Can the department detail how many people it will support in Tasmania.</p> <p>66. Can the department update the committee regarding the National Mental Health and Suicide Prevention Agreement in terms of building a workforce that is equipped to deal with an increased demand for mental health services? Nationally and in my home state of Tasmania.</p> <p>67. Can the department talk to the immediate reforms necessary that was agreed to in the agreement and how that is going? What are the Key performance indicators? KPI's and are they being satisfied?</p> <p>68. In terms of the supply side of mental health services, I know it can take up to 6 months to see a psychiatrist in my home state of Tasmania, how is the agreement working to decrease that timeframe and address psychiatrist and psychologist shortages in Tasmania and elsewhere in Australia?</p>	Written	15/11/2022
SQ22-000393	Department of Health and Aged Care	Helen Polley	Aged care service providers received COVID-19 grant funding	<p>69. There was great concern amongst aged care providers during the peak of the COVID-19 pandemic that they were not provided adequate support from government to care for people within our communities, so the former Government provided the option of aged care providers to apply for grant funding. Some payments to the tune of \$500,000. Masonic Care Tasmania sort claims/grants during this period and did not receive any payment. Can the department detail the success in terms of the number of aged care service providers that were granted these COVID Grant claim funding and actually received Commonwealth Funding under this scheme?</p> <p>70. Can the department detail how many Tasmanian aged care providers received a COVID Grant claim funding?</p> <p>71. Masonic Care Tasmania was under significant financial pressure during the pandemic and did not receive any of these claims which they were entitled to. Now it has been revealed that Masonic Care Tasmania could no longer provide aged care services to the high standard they</p>	Written	15/11/2022

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				<p>expect so they have been absorbed by a larger aged care provider. Does the department realise that if they had received grant claim funding they may have been able to remain an entity and continue to provide aged care services to the Tasmanian people?</p> <p>72. Many aged care service providers do not have cash reserves. They need to balance the books to remain solvent and these COVID-19 Grant claim payments would have potentially saved many aged care providers. Is this not a major failing of government? Failing to keep the aged care system afloat. And now we are seeing the result of 10 years of policy drift and neglect in aged care come to fruition with so many aged care providers just trying to stay afloat financially.</p>		
SQ22-000394	Department of Health and Aged Care	Helen Polley	Expenditure on food and nutrition in aged care homes	<p>6. The final report of the Royal Commission into Aged Care Quality and Safety (the Royal Commission) highlighted the importance of food and nutrition in the overall wellbeing of senior Australians. The report criticised the average expenditure of \$6 per person per day on food in residential aged care. \$10 per resident per day, to enable residential aged care providers (providers) to deliver better care and services to residents, with a focus on food and nutrition was announced by the former government. I understand that amongst the 75 per cent of services that reported expenditure on food and ingredients as on-site only, the average expenditure was \$12.26 in the July to September 2021 quarter, and \$12.41 in the October to December 2021 quarter. How many aged care homes reported this?</p>	Written	15/11/2022
SQ22-000395	Department of Health and Aged Care	Jordon Steele-John	Climate and health funding	<p>The Budget notes a small initiative within the Department to establish a National Health Sustainability and Climate Unit, described as being to fund work "to inform the National Health Response to Climate Change.</p> <ul style="list-style-type: none"> • Specifically, what will the National Health Response to Climate Change consist of? • Will the National Health Sustainability and Climate Unit develop a National Climate Strategy? • When do you anticipate the development of the National Health strategy would start? • How long do you anticipate the National Health strategy will take to be developed? • Do you expect the National Health Strategy will bring together a coordinated health and climate change plan across all levels of government? 	Written	15/11/2022

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				<p>Australia's health system is responsible for 7% of Australia's emissions. The sector's carbon footprint and reliance on fossil fuels means that it is contributing to some of the diseases it seeks to manage and treat.</p> <ul style="list-style-type: none"> • Would you expect the National Health Strategy to have a goal of a net zero Australian healthcare system by 2040 with a majority of emission cuts by 2030? • The emergency services and health sector have a significant role in responding to climate disasters. How do you anticipate the National Health Sustainability and Climate Unit working with the National Emergency Management Service? 		
SQ22-000396	Department of Health and Aged Care	Jordon Steele-John	Health Peak and Advisory Bodies (HPAB) Program funding to align with the National Preventive Health Strategy	<p>In January 2022 the previous Government changed the focus of the Health Peak and Advisory Bodies (HPAB) Program funding to align specifically with the National Preventive Health Strategy.</p> <p>The HPAB Program had previously funded a wide range of non-government organisations to contribute to the national agenda by providing expert, evidence-based and impartial advice to inform health policy and program development.</p> <p>1. Following this decision, the number of organisations funded under the HPAB program was reduced.</p> <p>a) How many organisations were getting funding in December 2022, and are now not getting funding?</p> <p>b) What is the policy rationale for removing funding to these organisations?</p> <p>2. Can the Department please clarify the number of organisations funded under the HPAB program:</p> <ul style="list-style-type: none"> • From July 2022 onwards, with a funding contract of more than 12 months duration • From July 2022 onwards, with a funding contract or contract extension of 12 months or less. <p>3. Has the Department conducted any assessment of the impact on the health system, the Government's access to independent advice, and/or the health of the Australian community resulting from the reduction or cessation of funding to non-government organisations under the HPAB Program?</p> <p>4. Has the Department investigated whether any organisations no longer funded under the HPAB will be forced to cease essential operations as a result of the withdrawal of Commonwealth funding? Has the Department</p>	Written	15/11/2022

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				<p>worked with any of these organisations to manage the impact on their staff and members?</p> <p>5. Does the Department have any plans for filling the gaps in its access to advice, and communities of health consumers and professional groups, likely to arise from the reduction in funding to peak body funding, which is now notionally restricted to organisations with a focus on preventive health?</p>		
SQ22-000397	Department of Health and Aged Care	Jordon Steele-John	Status of the Mental Health Strategy	<ul style="list-style-type: none"> • Where is the National mental health strategy up to? • How much has the Federal Government committed to it in the latest budget? • Will the strategy be funded for the full 5 years from the date it is released? 	Written	15/11/2022
SQ22-000398	National Blood Authority	Jordon Steele-John	Shortages of the blood supply in Australia	<ul style="list-style-type: none"> • Is there a shortage, or risk of shortage in the Australian blood supply? • If gay and bisexual men, trans and gender diverse people who are currently prohibited from giving blood were able to donate blood, what contribution would this make to the national blood supply? • Is the National Blood Authority aware of any kind of testing process which can identify transmissible diseases even in the early phases of infection? • Has the National Blood Authority made representations to government in regard to allowing men who have sex with men and who are in a monogamous relationship that has lasted longer than 3 months to give blood? • There was a large increase in blood donors after the ban on those who had lived in the UK for more than six months was lifted. Is it reasonable to expect there would be a similar jump if current bans on men who have sex with men, or trans and gender diverse people currently prohibited from donating were able to give blood? <p>a) If yes: why has the National Blood Authority not made representations in support of this?</p>	Written	15/11/2022
SQ22-000399	Department of Health and Aged Care	Jordon Steele-John	ATAGI eligibility to administer COVID-19 vaccines	<ul style="list-style-type: none"> • Has ATAGI considered expanding eligibility for those aged 5- 15? • Has ATAGI considered expanding eligibility for those aged 6mo - 5 years? 	Written	15/11/2022
SQ22-000400	Department of Health and Aged Care	Jordon Steele-John	Redirected funds in budget measures	<p>Ref: Budget Measures, Budget Paper No. 2, Health and Aged Care, pages 117-144</p> <p>A number of items in this section indicate that "the cost of this measure is</p>	Written	15/11/2022

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				<p>[partially/largely] met from within the existing resourcing" of the Department. Items which are small new initiatives which include such comments include:</p> <ul style="list-style-type: none"> • Australian Centre for Disease Control – design and consultation (p.117) • Establishing a National Health Sustainability and Climate Unit to Inform the National Health Response to Climate Change (p.124) • Expanding Newborn Screening – world-class newborn bloodspot screening programs (p.124) • Mental Health (p.130) • Mental Health Supports for Flood-affected Communities in New South Wales (p.131) • National Medical Stockpile – additional monkeypox vaccines (p.132) • National Nurse and Midwife Health Support Service (p.133) • Renewing Australia's Efforts to End the HIV Pandemic (p.136) • Rural and Regional Health (p.137-8) • Shepherd Centres – better care for Australian children with hearing loss (p.138) • Stay Afloat (p.139) • Strengthening First Nations Health (p.140) • Support for Bleeding Disorder Education and Engagement (p.142) • Supporting the Health and Wellbeing of LGBTIQ+ People (p.144) • Surf Life Saving Clubs (p.144) <p>In addition to the above small-\$ items, the same description is used in respect of some very large \$-amount programs:</p> <ul style="list-style-type: none"> • COVID-19 Package - Aged Care (p.119) • Fixing the Aged Care Crisis (p.125) <p>Please provide specifics of any programs within the portfolio which have experienced reduced or eliminated funding resulting from these internal redirections of funds.</p>		
SQ22-000401	Australian Sports Commission	Claire Chandler	Guidance principles on the inclusion of transgender and gender diverse people in elite sport	<p>1. Which sports' governing bodies approached the Australian Institute of Sport asking for it to develop "guidance principles" on the inclusion of transgender and gender diverse people in elite sport?</p> <p>a. Did any other organisations or groups suggest that the AIS develops these guiding principles?</p> <p>2. Will the AIS and ASC ensure that as part of developing guidance principles, all female athletes are surveyed for their view on eligibility for female categories?</p>	Written	16/11/2022

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				<p>3. Has the AIS, and the participating high-performance sports, guaranteed female athletes that there will be no adverse impacts on them for participating in this process and supporting the maintenance of single-sex sport for women?</p> <p>4. At the roundtable workshop on this topic held by the AIS on 11 November 2022, were any of the speakers on the program female athletes?</p> <p>5. What is the process for experts from around the world to provide evidence or submissions to assist in the development of the AIS's 'guiding principles'?</p> <p>a. Is this process open to all experts, or only those invited to participate by the AIS/ASC?</p> <p>6. Does the AIS and ASC agree that offering female single-sex sport encourages female athletes to participate and compete, and does not in any way prevent sports from offering a range of other categories which allow everybody, regardless of gender identity, to participate?</p> <p>7. In considering the guiding principles for sport, is the AIS aware of any restrictions or limitations on the ability of Australian elite sporting organisations to offer single-sex female sport?</p>		
SQ22-000402	Department of Health and Aged Care	Wendy Askew	Health technology assessment reforms and reviews	<p>1. Is the department aware of any products that have been impacted unintentionally by the Strategic Price Reductions as a consequence of the Strategic Agreement with Medicines Australia?</p> <p>2. With regards to statutory price reductions, is the department aware of any impacts on recently listed innovative therapies (within the last 5 years), that may lead to patients having to move to less suitable medicines and result in higher overall costs to the PBS?</p> <p>3. Which commitments that were set out in the Strategic Agreement with Medicines Australia have been met and when?</p> <p>4. As part of the Health Technology Assessment Policy and Methods Review, has the department committed to fulfilling the obligations of that were previously agreed by the Coalition with Medicines Australia?</p> <p>5. How much funding has been set aside for this HTA review and how is it funded? Are external consultants involved in this review and, if so, what is the cost of this consultation?</p> <p>6. How are patients involved in this review, considering one of the goals of the Strategic Partnership with Medicines Australia was to elevate patients?</p>	Written	17/11/2022

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				7. What targets have been set to demonstrate improved time to access of new medicines for patients under the Review of the National Medicines Policy?		
SQ22-000403	National Health and Medical Research Council	Linda Reynolds	Troublesome Ticks, Murdoch University: NHMRC funded study	<ol style="list-style-type: none"> 1. What update can be provided about the status of this research? 2. What levers are available to the Department or the NHMRC to expedite the findings from this research, even preliminary findings? And are you prepared to use them? If not, why? 3. Have any results emerged from this research that might warrant further/new research? 4. What is the plan and timeline to facilitate and fund further warranted research as results emerge? 5. What existing outcomes/findings from this study might contribute to a case definition for Australian Lyme-like illness? 6. Can the Department or the NHMRC provide transparency by releasing documents detailing study design, timeline and design/research leaders? 	Written	17/11/2022
SQ22-000404	National Health and Medical Research Council	Linda Reynolds	Developing treatment for debilitating symptom complexes attributed to ticks, University of Melbourne: NHMRC funded study	<ol style="list-style-type: none"> 1. What information can the Department or the NHMRC provide about patient input or perspective in relation to this study design? 2. Has the Department examined the study design and addressed the risk of selection and consent bias? 3. What leverage does the Department or the NHMRC hold to enforce the study website to include full information on what is being assessed in the pilot trial, including willingness to participate and continue to participate? 4. How is the Department ensuring that new, emerging data, such as potential microRNA biomarkers for patients suffering symptoms following tick bite identified by the CSIRO, is being incorporated into this study design and all current research? 5. Will participants in this study be tested for the microRNA biomarkers found in symptomatic patients in the CSIRO biomarker research? If not, why not? This is an opportunity to move participants from a MUS label to a tick-borne disease label. 6. Has the Department examined the study design and addressed the unconscious bias that Lyme-like illness is a medically unexplained syndrome (MUS), in view of new data emerging from other in-progress studies? 7. Can information be provided by the Department or the NHMRC about how this study can arrive at a case definition for DSCATT, which we are told is not a diagnosis, or even a case definition for Lyme-like illness – 	Written	17/11/2022

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				<p>information about the concept of the case definition and the methodology of creating it? Will this case definition be used as a clinical or surveillance case definition? Will it contribute towards creation of a case definition which allows gathering of epidemiological evidence?</p> <p>8. Information is also sought from the Department or the NHMRC about why a case definition is necessary for a pilot study which focuses on acceptance and commitment, irrespective of the diagnosis or lack of diagnosis.</p> <p>9. Can the Department or the NHMRC clarify if this study includes MRI of participants' brains as the study website indicates but the ANZCTR Trial Register does not indicate?</p> <p>10. What assessment has the Department taken to determine that this study research team has supports in place to mitigate potential psychological harms this pilot study might cause some vulnerable patient participants?</p> <p>11. If most participants drop out of this pilot study, what happens to the study?</p> <p>12. The terms MUS and DSCATT appear to have no clear parameters. Prior to this study, the University of Melbourne team published a 2021 paper: Characterising DSCATT: A case series of Australian patients with debilitating symptoms attributed to ticks. Please take on notice a request to provide information from the publishing team about the full list of pathogens tested for (including strains) and non-infection related tests?</p>		
SQ22-000405	Department of Health and Aged Care	Linda Reynolds	CSIRO tick biobank and biomarker research	<p>1. The Department published preliminary findings from the CSIRO biomarker study, which reported the detection of microRNA biomarkers in blood samples of patients reporting symptoms following tick-bite. You noted the CSIRO has been engaged to expand on these findings. Can you please elaborate on that?</p>	Written	17/11/2022
SQ22-000406	Department of Health and Aged Care	Linda Reynolds	CSIRO Tick Survey additional information	<p>1. This study was limited to a handful of areas in NSW. Are there any plans for similar studies to be undertaken in other areas? If not, why?</p> <p>2. Please table the additional work required of the CSIRO in its 'expansion' of research into the findings of the tick research. We would like to know the value of further research funding and the purpose of that funding. What are they investigating now?</p>	Written	17/11/2022
SQ22-000407	Department of Health and Aged Care	Linda Reynolds	DSCATT Clinical Pathway (CP)	<p>1. In preparing the CP document published in October 2020, what was the basis for the decision by the Department to exclude certain peer-reviewed published epidemiological or clinical studies (such as studies</p>	Written	17/11/2022

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				<p>conducted in 2011 and 2014 by Dr Peter Mayne) in respect of patients experiencing DSCATT?</p> <p>2. Who was responsible for determining whether to include or exclude peer-reviewed published epidemiological or clinical studies?</p> <p>3. Lyme specialist, Dr Richard Horowitz, who consulted with the Department, previously said: "I pray for the Australian people that this clinical pathway is not instituted. It is incomplete and misleading and requires major revisions before undergoing a clinical trial. This document, if instituted, is likely to contribute to ongoing patient suffering and potentially death in Australia." Is the Department comfortable with such negative reviews from international specialists and the knowledge that the CP has worsened the situation for patients, leaving most with no treatment at all?</p> <p>4. What work is the Department undertaking in the area of chronic diseases to ensure as few patients as possible are labelled with MUS?</p>		
SQ22-000408	Department of Health and Aged Care	Linda Reynolds	MicroRNA biomarkers and long-COVID	<p>1. What groups of patients, other than those suffering tick-bites, have been tested for the microRNA biomarkers found by the CSIRO? Please specify all MUS and non-MUS patient groups tested? Have patients with long-COVID been tested for these biomarkers?</p> <p>2. Are the microRNA biomarkers found by the CSIRO in people after tick-bite specific to tick-bite patients?</p>	Written	17/11/2022
SQ22-000409	Department of Health and Aged Care	Linda Reynolds	Strengthening Medicare Taskforce patient cohorts	<p>1. Minister Butler's first communique from July 2022 states that "all Australians deserve equitable access to affordable quality primary care" and that "the Government is committed to ensuring Australians get the care they need, when they need it and without worrying about the cost." How will Minister Butler, as the Chair of the Strengthening Medicare Taskforce, ensure that the Taskforce incorporates the needs of this patient cohort and transforms your statements into time- appropriate, quality primary care for them?</p> <p>2. How do you propose to make the Lyme-like illness patients and those labelled with MUS cohort visible in Australia's Primary Health Care 10 Year Plan 2022-32 and all relevant Department undertakings?</p>	Written	17/11/2022
SQ22-000410	Department of Health and Aged Care	Linda Reynolds	NATA-accredited laboratory tests	<p>1. Which tick-borne diseases are being tested for in NATA-accredited laboratories? Which strain/species are included in these tests?</p> <p>2. Has the Department made changes to improve test kits used for tick-borne infections to ensure NATA-accredited laboratories are using the best quality tests and not just tests which best fit the MBS budget? Are</p>	Written	17/11/2022

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				<p>you able to provide a detailed summary of the tests performed, by year from 2016 – 2022? Please include data broken down by the type and brand of test kit used, and the pathogens, strains, and species the test is looking for.</p> <p>3. Do all NATA-accredited laboratory test results for all tick-borne infections give details of the testing laboratory, testing kit used, pathogen/strains/species tested, and full result details, including positive bands (if applicable)? If not, why not?</p> <p>4. GPs require a document which details diagnostic tests associated with each infection and, if applicable, strains and bands tested. Why is this information not included on the Guidance Notes?</p>		
SQ22-000411	Department of Health and Aged Care	Linda Reynolds	Senate Inquiry Report Recommendation 2 – Education Materials	<p>The Committee's Interim Report, Recommendation 2 – Educational materials</p> <p>4.56 The committee recommends that the Department of Health further develop education and awareness strategies for:</p> <ul style="list-style-type: none"> - the public about the prevention of tick bites and seeking medical attention; and - the medical profession about how to diagnose and treat classical Lyme disease acquired overseas and known tick-borne illnesses acquired in Australia. <p>1. To date, only one of seven fact sheets has been published (Q Fever). The supplier's contract ended in March 2021. In August 2021, stakeholders received a communication from the supplier advising that the supplier expected the 7 Fact Sheets and 5 Guidance Notes to be published by the Department over the course of the next month. Why has there been a delay of over a year's duration?</p> <p>2. Which professional and patient stakeholder groups have been consulted in the preparation of the missing Fact Sheets and Guidance Notes?</p> <p>3. What is the status of Phase 2 of the educational materials, focusing on diseases transmitted by overseas ticks? Previous advice was that stakeholder consultation on Phase 2 materials was expected to commence in late 2021.</p> <p>4. Is there an educational campaign planned for when these materials are finalised? If not, why? In what formats will the proposed materials be offered? Will there be a tick-awareness program for schools?</p>	Written	17/11/2022

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SQ22-000412	Department of Health and Aged Care	Linda Reynolds	Senate Inquiry Report Recommendation 3 – ACIIDS Guidelines/Trial	<p>3.54 The committee recommends that government medical authorities, in consultation with stakeholders including the Australian Chronic Infectious and Inflammatory Diseases Society (ACIIDS) and the Karl McManus Foundation, establish a clinical trial of treatment guidelines developed by ACIIDS with the aim of determining a safe treatment protocol for patients with tick-borne illness.</p> <p>1. ACIIDS' treatment guidelines, which have successfully treated over 4,000 patients, have not only been ignored but have been excluded from all dialogue on Lyme-like disease in Australia. There are 4,000 treated patients and associated empirical data, including medical situation, treatment and recovery. Why has the Department not commissioned a retrospective desk study to examine this significant cohort of patient data held Australia-wide?</p> <p>2. What role, if any, have ACIIDS, the Karl McManus Foundation and patient stakeholder organisations had in guiding the government research agenda in relation to tick bites?</p>	Written	17/11/2022
SQ22-000413	Department of Health and Aged Care	Linda Reynolds	Senate Inquiry Report Recommendation 7 – Epidemiological assessment	<p>3.58 The committee recommends that the Australian Government Department of Health urgently undertake an epidemiological assessment of the prevalence of suspected tick-borne illness in Australia, the process and findings of which are to be made publicly available.</p> <p>1. The Department cites the CSIRO Biobank case study project on common biomarkers as being able to assist in linking patient data as a replacement for data collection about actual patients, which would have contributed towards epidemiological assessment of the prevalence, demographics, symptomology and geographic distribution of suspected tick-borne disease in Australia. What patient data will the CSIRO Biobank link and how?</p> <p>2. Can the Department provide information about the CSIRO data, including what data is being compiled, what data is currently available, is it open; if not, why not?</p> <p>3. Subsequent to validation of the CSIRO biomarkers and expansion of the findings of the Tick Survey, will this data be used to commence a formal epidemiological study as required in Recommendation 7 of the Senate Inquiry recommendations and as recommended through the initial Lyme Scoping study?</p> <p>4. What further plans does the Department have to fund any research</p>	Written	17/11/2022

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				that is either directly related or indirectly related to the Senate Inquiry Report Recommendations? Please elaborate on any planned research.		
SQ22-000414	Department of Health and Aged Care	Linda Reynolds	Senate Inquiry Report Recommendation 8 – Overseas acquired Lyme disease	<p>3.59 The committee recommends that the Australian Government Department of Health establish the prevalence and geographical distribution of overseas-acquired Lyme disease in Australia.</p> <p>1. What is the progress of this Recommendation? Please provide data on the number of Lyme disease tests conducted in NATA-accredited laboratories per annum, from 2016 to 2022.</p> <p>2. Given that the CP is not adequate, and furthermore that most GPs are not aware of it or have not read it, and given that educational materials have not been circulated and training not offered although expected delivery date was over a year ago, how does the Department expect returned travellers with overseas-acquired Lyme disease and/or other overseas-acquired infections to receive timely diagnosis and treatment?</p> <p>3. The draft Guidance Notes on Lyme disease has a single sentence addressing Diagnosis and Treatment, respectively, each directing the reader to the CP. Where is information addressing diagnosis and treatment on overseas-acquired Lyme disease (and/or other overseas acquired infections) for the busy GP, who does not have time to find 2 documents and peruse many pages?</p> <p>4. Similarly, the draft Guidance Notes for doctors on Australian endemic tick-borne diseases direct doctors to Therapeutic Guidelines: Antibiotic. After the development and associated costs of a CP, draft Guidance Notes and Fact Sheets (which remain unpublished), why is there not a singular document per disease to introduce doctors to the basics of diagnosis and treatment?</p>	Written	17/11/2022
SQ22-000415	Department of Health and Aged Care	Linda Reynolds	Clinical trials undertaken by Dr Peter Petros in a Western Australian hospital in 1988-1989	<p>1. Can you confirm that the relevant authorities have been contacted with regards to the work of Dr Peter Petros and the below matters?</p> <p>2. What information has been provided by the Western Australian Department of Health, and any additional relevant authorities, in relation to the clinical trials undertaken by Dr Peter Petros at a hospital in Western Australia in 1988-1989, believed to be the state-run Wanneroo Hospital?</p> <p>a. Has this included the patient names of those involved and the health outcomes of these patients beyond two weeks post-surgery?</p> <p>b. Was the required permission, including that of an ethics committee, granted to Dr Petros to undertake these clinical trials from 1988-1989?</p>	Written	17/11/2022

c. If the required permission was received, how were the trials monitored and responded?

3. Is the Department aware of the following doctors as potentially being involved in the 1988-1989 clinical trials undertaken by Dr Peter Petros:

- a. Dr Glenys Ismail (nee Penniment)
- b. Dr Hisham Ismail
- c. Dr Patricia M Skillings

Please find two attachments to these questions on notice, as per Senator Reynolds' commitment in Estimates to provide background information available to her:

- Attachment 1: Summary of background research conducted by Senator Reynolds
- Attachment 2: A copy of a letter written by Dr Peter Petros, received by a nurse at Wanneroo Hospital, Ms Peta Nottle, involved in the 1988-1989 clinical trials.
- Attachment 3: Copies of diary entries and book excerpts by Ms Peta Nottle that relate to the clinical trial.

4. Is the Department, or the Western Australian Department of Health, aware of animal trials conducted by Dr Peter Petros in 1988 on 13 dogs, in which he implanted and then removed Mersilene vaginal tape?

- a. If so, where did the trial take place?
- b. In relation to this trial, was the required permission granted to Dr Petros to undertake these clinical trials?

5. Is the Department aware of a trial undertaken in 1989 by Dr Peter Petros at the Royal Perth Hospital?

- a. In relation to this trial, was the required permission, including that of an ethics committee, granted to Dr Petros to undertake these clinical trials?

6. Can you provide further information about Dr Peter Petros with regards to his ongoing medical activities across all Australian jurisdictions, particularly any allegations of professional misconduct that the Department may be aware of?

7. Can the Department provide information it has on the following actions of Dr Petros, believed to have occurred after his deregistration:

- a. The extent to which Dr Peter Petros supervised Dr Richard Ian Reid undertake transvaginal mesh implants;
- b. The extent to which Dr Peter Petros supervised Dr Maxwell Haverfield

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				<p>undertake transvaginal mesh implants; and</p> <p>c. Any other allegations in which it is believed that Dr Peter Petros supervised Australian medical practitioners undertaking transvaginal mesh implants.</p> <p>8. Is the Department aware of any link between Dr Peter Petros and Dr Ulf Ulmsten, and how their collaboration may have led to the creation of the Tension-free Vaginal Tape and the Tissue Fixation Device, a formerly registered device under the Australian Therapeutic Goods Registration?</p>		
SQ22-000416	Department of Health and Aged Care	Tammy Tyrrell	Replacing GP clinics that closed due to shortages	<p>1. A private billing GP practice in Brighton that has recently closed because it was unable to recruit enough GPs to keep the clinic open.</p> <p>a. What are you doing about replacing GP practices that are closing because they can't find GPs?</p> <p>b. Less than 14% of medical students want to become GPs, most preferring to specialise. What is the Government doing to encourage more medical students to train for general practice?</p> <p>c. One reason remote rural GP clinics find it hard to attract new GPs to their area is a lack of suitable housing. What is the Government doing to help GP clinics provide suitable housing to GPs so we can attract GPs to work in Australian regions??</p> <p>2. More than 70% of Triple Zero calls to the Tasmanian Ambulance Service are not for emergencies but for primary health. I've met people who will call an ambulance to go to the hospital, just because they can't get in to see a doctor any other way. This pushes costs from the federal government onto the state government.?Are there any plans to support our primary health service so people can visit a GP rather than visit a hospital emergency department or calling 000??</p>	Written	18/11/2022
SQ22-000417	Department of Health and Aged Care	Tammy Tyrrell	Criteria for practices supported by the strengthening Medicare GP grants program	<p>1. The Budget sets out \$229.7m over two years for GP practices through the Strengthening Medicare General Practice Grants Program. This is a welcome investment.??</p> <p>a. Have you decided on the criteria for determining which practices will be supported??</p> <p>If yes:?</p> <p>i. What are these criteria??</p> <p>ii. How did you decide on these criteria??</p> <p>If no:?</p> <p>i. When will you decide on these criteria??</p> <p>ii. Who are you consulting with to determine who should be funded??</p>	Written	18/11/2022

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				<p>a. How many Tasmanian GP practices will be supported under this measure??</p> <p>b. Who have you consulted with in Tasmania about implementing this measure???</p> <p>If no consultation has taken place:?</p> <p>i. How and when will you consult with Tasmanian stakeholders about implementing this measure???</p>		
SQ22-000418	Department of Health and Aged Care	Tammy Tyrrell	GP practices and bulk billing in Tasmania	<p>1. In 2018/19 Tasmania had the worst rate of bulk billing in the country. Many people can't afford to visit a GP.??</p> <p>2. What will the Government do to encourage more GP clinics to bulk bill??</p> <p>a. Labor first froze Medicare Rebates in 2013. This year they raised the Medicare Rebate by well under the CPI rate. Despite this, many GP clinics can't afford to bulk bill patients as a result of the low rebate.??When will the Government increase the Medicare rebate to a level that allows GP clinics to bulk bill patients???</p>	Written	18/11/2022
SQ22-000419	Department of Health and Aged Care	Tammy Tyrrell	Bonded medical program statistics in Tasmania	<p>1. The following questions relate to the Bonded Medical Program:</p> <p>a. How many participants does the program have (per year and overall?)</p> <p>i. How many are in Tasmania?</p> <p>b. What is the cost to the Commonwealth of the program?</p> <p>i. How much is the Commonwealth spending in Tasmania?</p> <p>c. What proportion of participants meet or fail to meet their bonded obligations?</p> <p>i. Of those who meet their obligations, what is the distribution of years it takes to meet their obligations?</p> <p>d. Is there any data about where bonded graduates complete their obligations?</p> <p>i. Bearing in mind it appears it can occur in any nonmetro area of Australia, do we know where they opt to complete it?</p> <p>e. On that, is there evidence that the program has any effect on altering the decision-making of graduates with respect to where they complete their obligation?</p> <p>i. Do we see people who are in urban areas moving to rural, regional or remote areas, or is it only people in rural, regional and remote areas who are being offered places?</p>	Written	18/11/2022

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SQ22-000421	Department of Health and Aged Care	Alexander Antic	TGA's legal permissions for COVID-19 vaccines	<p>1. The U.S.'s FDA approval of modified Pfizer COVID vaccines to be used as boosters for people aged over 18 was based on data collected from testing on 8 mice, and was not tested on humans.</p> <p>a. Are these boosters being used here? In other words, are any COVID vaccines being approved based on animal data rather than human data in Australia?</p> <p>2. The Public Assessment Report for the Pfizer vaccine, dated January 2021, reads, "In addition to the unknown longer-term safety and unknown duration of vaccine protection, there are other limitations with the submitted data. The following questions have not yet been addressed:</p> <p>a. Vaccine efficacy against asymptomatic infection and viral transmission.</p> <p>b. The concomitant use of this vaccine with other vaccines.</p> <p>c. Vaccine data in pregnant women and lactating mothers.</p> <p>d. Vaccine efficacy and safety in immunocompromised individuals.</p> <p>e. Vaccine efficacy and safety in paediatric subjects (under 16 years old)."</p> <p>This indicates that as early as January 2021, before the rollout began, the TGA knew that the Pfizer vaccine's impact on viral transmission was unknown, that its safety profile for pregnant women, immunocompromised individuals, and under 16 year olds was unknown.</p> <p>f. Is this correct?</p> <p>3. Pfizer representative Janine Small has admitted to the European Parliament that Pfizer did not test their vaccine for its effect on viral transmission.</p> <p>a. Was the TGA aware of this fact prior to approving the Pfizer vaccine?</p> <p>4. The TGA Website provides that: "In 2019, the TGA issued a permission that allows advertising of vaccines (including COVID-19 vaccines) that is, or forms part of a Commonwealth or state or territory health campaign (the 2019 permission). Under this permission, any party can use material produced by the Australian Government or an Australian state or territory government to promote COVID-19 vaccines."</p> <p>a. A. Why was this permission issued in 2019, before the COVID-19 pandemic was declared in 2020?</p> <p>5. The TGA Website provides that: "In recognition of the importance of responsible communications regarding the COVID-19 vaccination program, the TGA has issued a subsequent legal permission (the 2021 permission) that allows advertisers such as health professionals,</p>	Written	18/11/2022
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				<p>participating vaccination sites, corporate entities, media outlets and others to develop their own materials to communicate publicly about COVID-19 vaccines subject to the conditions below." Those conditions include the following: "the advertisement must: ... d) not contain any statement to the effect that the therapeutic goods cannot cause harm or have no side effects; and e) not contain any statement regarding the therapeutic goods that is false or misleading" a. Would advertising a COVID-19 vaccine as "safe" be a breach of the condition referred to at paragraph d above? b. Would advertising the COVID-19 vaccines as being useful in preventing transmission of COVID-19 be "false" or "misleading"? c. Would advertising the COVID-19 vaccines as not putting one at risk of developing myocarditis be "false" or "misleading"?</p>		
SQ22-000422	Department of Health and Aged Care	Alexander Antic	mortality data related to adverse events from COVID-19 vaccines	<p>3. It was revealed in the European Parliament recently that Pfizer did not test their mRNA product for preventing transmission. The Department's website says that COVID vaccines contribute to "protecting people who can't be vaccinated" and "slowing the spread of the virus." a. On what basis does the Department of Health promote the notion that the COVID-19 vaccine injections prevent COVID-19 transmission? 4. The Department's website says that in Australia there have been 440,208 COVID cases in the age bracket of 0-9, with 15 COVID-associated deaths. That means the case fatality rate for children under 9 is 0.003%. a. How many children between the ages of 0-9 have died due to an adverse event related to a COVID-19 vaccine injection? 5. The Department of Health's website says that COVID injections are safe for pregnant women: "You can receive the vaccine at any stage of pregnancy... COVID-19 vaccines are safe during pregnancy." However, the UK Government recently updated its Pfizer vaccine advice regarding pregnant women. It says: "it is considered that sufficient reassurance of safe use of the vaccine in pregnant women cannot be provided at the present time... healthcare professionals are advised to rule out known or suspected pregnancy prior to vaccination. Women who are breastfeeding should also not be vaccinated."</p>	Written	18/11/2022

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				a. Who is correct, the Australian Department of Health or the UK Government?		
SQ22-000423	Department of Health and Aged Care	David Pocock	Bulk billing and urgent care clinics in the ACT	<p>1. What is the average bulk billing percentage for a GP consultation in the ACT and what is the national average?</p> <p>2. Given the reports around potentially inappropriate billing, is there an expectation that these bulk billing rates may be artificially high?</p> <p>3. What is the average out of pocket cost for a GP consultation in the ACT and how much has that grown in the past five years?</p> <p>4. What is the average bulk billing percentage for an ultrasound in the ACT compared with the national average, and what is the average out of pocket cost?</p> <p>5. What is the average bulk billing percentage for an MRI in the ACT compared with the national average, and what is the average out of pocket cost?</p> <p>6. What is the bulk billing percentage for a specialist consultation in the ACT compared with the national average, and what is the average out of pocket cost?</p> <p>7. How much have out of pocket costs grown across all services in the ACT over the past five years?</p> <p>8. What percentage of people on low incomes, concession cards and Commonwealth Seniors Health Cards were bulk billed nationally in the most recent financial year?</p> <p>9. Does the Department monitor and evaluate whether people on low and fixed incomes are being bulk billed? If so, what metrics does the Department monitor to assess this?</p> <p>10. How does the Government intend to lower out of pocket costs in the ACT?</p> <p>11. How many Urgent Care Clinics are being proposed for the ACT?</p> <p>12. Where will these Urgent Care Clinics be based geographically in the ACT?</p> <p>13. Could the Department provide more information on the work currently underway to assess and address the GP shortage in the ACT.</p> <p>a. When will this work be finalised and will it be made publicly available?</p> <p>b. What policy options are being considered to address the mounting shortage of GPs in the ACT?</p>	Written	18/11/2022

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SQ22-000424	Department of Health and Aged Care	David Pocock	Immunity from COVID-19 boosters recommended by ATAGI	<p>14. There is a growing cohort of people that have received all 'ATAGI recommended COVID-19 boosters' and that have declining immunity. What is the Government's present plan for helping these people maintain their immunity?</p> <p>15. COVID-19 continues to cause illness and serious disease. Health experts anticipated the current COVID-19 wave and further waves are expected too. What is the Commonwealth's forward-looking plan for supporting individuals and communities to access vaccines?</p>	Written	18/11/2022
SQ22-000425	Department of Health and Aged Care	David Pocock	Advice on the health impacts of gambling	16. Does the Department provide advice to the Government on the health impacts of gambling?	Written	18/11/2022
SQ22-000426	Department of Health and Aged Care	David Pocock	Health expenditure on preventive health and emergency response	17. What percentage of total health expenditure is currently directed to preventive health activities, and what percentage of this figure comprises expenditure on Covid-19 vaccinations and other emergency response measures?	Written	18/11/2022
SQ22-000427	Department of Health and Aged Care	David Pocock	Prostheses agreement with the medical device industry	<p>18. Why are prostheses more expensive in Australia than in other comparable countries?</p> <p>19. I understand the former government entered into an agreement with the medical device industry, which ensures that prostheses must be between 7 – 20% more expensive in the private sector than in the public sector.</p> <p>a. How does this agreement benefit consumers?</p> <p>b. What is the expected financial impact of this agreement on the Commonwealth and on consumers?</p> <p>c. Are consumers expected to pay greater costs for prostheses in the private sector under this agreement?</p> <p>d. Does the Department expect that this agreement will ease the pressures on private health insurance premiums?</p> <p>e. Has the Department conducted an analysis or research on whether public prices for prostheses in Australia are similar to comparable countries, such as New Zealand? If so, what were the results of those findings?</p> <p>f. How will the Department be evaluating the impact of this agreement?</p> <p>g. What other reforms is the Department currently pursuing to lower the costs of prostheses and private health insurance?</p>	Written	18/11/2022

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SQ22-000428	Australian Digital Health Agency	David Pocock	Australian Digital Health Agency (ADHA) evaluation of the My Health Record	<p>20. How is the Australian Digital Health Agency evaluating the effectiveness of My Health Record?</p> <p>21. What data, metrics or other research does ADHA consider when evaluating the effectiveness of My Health Record?</p> <p>22. In the last year, how many times has a patient's My Health Record been viewed by a clinician in an emergency department or during an emergency presentation?</p> <p>23. How many diagnostic imaging providers nationally are uploading data to My Health Record, and what percentage of total diagnostic imaging providers does this represent?</p> <p>24. In the ACT, how many diagnostic imaging providers are uploading data to My Health Record?</p> <p>25. In the ACT, how many general practitioners are uploading data to My Health Record?</p>	Written	18/11/2022
SQ22-000429	Department of Health and Aged Care	Helen Polley	Costs to obtain an Australian Certificate to Practice	<ul style="list-style-type: none"> • How much does it cost, on top of visa costs, does it cost to get you Australian Certificate to Practice? o How long does this process take and who is responsible to oversee this? 	Written	17/11/2022
SQ22-000430	Department of Health and Aged Care	Larissa Waters	Rape kits for non-citizens	<p>1. The Queensland Women's Safety and Justice Taskforce heard awful evidence about the experiences of tourists and people of temporary visas who were sexually assaulted and, as non-citizens without Medicare coverage, required to pay for their own test kits and treatment. The Queensland government subsequently agreed to cover the costs of all people in this situation.</p> <p>? Is the Department aware of this occurring in other States?</p> <p>? Has any consideration been given to adopting a national approach or providing funding to ensure no one is forced to pay for their own rape kit?</p>	Written	21/11/2022
SQ22-000431	Department of Health and Aged Care	Larissa Waters	Perinatal mental health	The Budget provides \$26.2M to fund 12 new perinatal mental health centres across Australia. Where will those centres be located - what consultation will take place in determining locations?	Written	21/11/2022
SQ22-000432	Department of Health and Aged Care	Larissa Waters	National Woman Centred Care Strategy for maternity services	<p>The national Woman Centred Care Strategy for maternity services was published in November 2019 and included a commitment to develop a monitoring and evaluation framework.</p> <p>? What is the Department doing to develop this framework?</p> <p>? When is it likely to be finalised?</p> <p>? How will consumers be involved in co-designing the framework?</p>	Written	21/11/2022

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SQ22-000433	Department of Health and Aged Care	Larissa Waters	Surrogacy	<p>1. In 2018, the Medicare Benefits Schedule Review Taskforce recommended that Medicare funding be provided to support women going through altruistic surrogacy with their own eggs or donor eggs.</p> <p>2. Without MBS coverage, parents using a surrogate for reasons of genetics, injury etc are paying \$16k-\$18k per cycle, rather than \$4k-\$5k for others seeking IVF. Surrogacy embryo transfers in Australia have never exceeded 240 per year – extending coverage would not be a significant cost, but it could make the world of difference to those involved.</p> <p>? Does the Government support the recommendation to extend MBS coverage to altruistic surrogacy?</p> <p>? If not, why not?</p> <p>? If yes, why was it not implemented when changes were made recently to MBS coverage? When will the recommendation be implemented?</p> <p>? What other work is the Government doing to support surrogacy in Australia?</p> <p>? Are there any plans to review funding for IVF and other assisted reproductive treatments?</p>	Written	21/11/2022
SQ22-000434	Food Standards Australia New Zealand	Anne Ruston	Cost-benefit analysis on bottled wine label changes	<p>Senator RUSTON: My understanding is that you're currently reviewing the colour requirements in relation to this particular measure. I'm interested in understanding the nature of the determination in relation to this. This doesn't have to come into effect until next year, does it?</p> <p>Dr Neal: That's right. There is a three-year transition that is in play for that rule, so 1 August 2023 is the deadline. What has transpired is that, for a small number of packages of alcohol-those transported and sold in a corrugated cardboard outer-there's a technical impediment to getting the three-colour label design printed in a clear manner, using that technology. We're talking about exempting a small number of those cardboard outers that this relates to. That's a particular application from the alcohol sector to find a solution around a very small number of those packages.</p> <p>Senator RUSTON: Do you do a cost-benefit analysis on these decisions?</p> <p>Dr Neal: Yes, absolutely. We're required by the act to undertake a detailed cost-benefit assessment and prepare, quite often, a regulatory impact statement as well, that receives the scrutiny of the Office of Best Practice Regulation.</p> <p>Senator RUSTON: Would it be possible to provide me with a specific cost-benefit analysis in relation to bottled wine, as to what the additional cost</p>	Pages 22-23	10/11/2022

				<p>would be on manufacture, the cost of the changes to this regulation on that particular part of the sector and what you believe the benefit analysis is on that?</p> <p>Dr Cuthbert: We have the cost-benefit for the label changes. I don't know whether our cost-benefit went into the detail specifically for bottled wine. We'll look into that, and we'll make sure that we provide what we have. It is probably available, and we'll circulate that.</p> <p>Senator RUSTON: I suppose I'm being critical of the one-size-fits-all approach because the damage to a particular subset of the industry that is being impacted may be significant, but their contribution to the problem may be negligible. Clearly, you take a blanket approach and everybody gets put into the basket. You do your cost-benefit analysis across the entire sector and you're not having any regard for the fact that there could be a subset of that sector that is not making any great contribution to the problem, yet you don't take into account the disproportionate impact of the cost and the consequences for that sector. I'd be interested in understanding how you deal with that and why you don't deal with that. I'd be very interested to understand from the ministers why they're not requiring you to undertake that, and why our agriculture ministers aren't sticking up, if that's the case and the circumstances.</p>		
SQ22-000435	Australian Digital Health Agency	David Pocock	Cost of my Health Record system	<p>Senator DAVID POCOCK: To start with, I'm interested in whether you know how much the My Health Record system has cost to date.</p> <p>Ms Cattermole: There are probably several elements to the question, because the My Health Record system is sort of part of a national digital health infrastructure that we've been running for a decade now. I can sort of provide you, if you'd like, with the broad elements of what that looks like roughly. It's hard to sort of disaggregate exactly all the pieces, but I can walk you through-</p> <p>Senator DAVID POCOCK: If you want to take it on notice and just send through the info, that would be great.</p> <p>Ms Cattermole: I can happily do that. I can give you the sort of broad brush but, given the time, I'm happy to take it on notice. The My Health Record has a number of elements around it, including authentication processes and clinical terminologies, that together make up the system. I can do that now or I can do it on notice, given the time.</p>	Page 66	10/11/2022

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				<p>Senator DAVID POCOCK: On notice is fine. Ms Cattermole: Thanks, Senator.</p>		
SQ22-000436	Australian Digital Health Agency	David Pocock	Fax machines in GP clinics	<p>Senator DAVID POCOCK: Thank you. Perhaps you could provide on notice the percentage of GPs or other providers who are still using fax machines? Prof. Murphy: I think we can certainly provide something on the proportion of GPs who are now fully- Senator DAVID POCOCK: And potentially, given the coronial findings, whether there is a strategy to find a secure, acceptable and workable way to do it all? Prof. Murphy: Yes</p>	Page 68	10/11/2022
SQ22-000437	Department of Health and Aged Care	Malcolm Roberts	Number of drugs approved under the full approval process	<p>Senator ROBERTS: I asked a question earlier, Professor Skerritt, about the number of drugs approved under the full approval process, the normal process. If you exclude the number of drugs that you said were new uses for existing drugs and medical devices, what is the figure for new drugs approved under the full approval process in the last three years? Dr Skerritt: It will be about 90, but I'll give you the exact answer on notice. We approve between 30 and 40 new drugs a year</p>	Page 68	10/11/2022
SQ22-000438	National Health and Medical Research Council	Matthew Canavan	17 research papers that resulted in threats	<p>Senator CANAVAN: Very quickly, thank you for referring back to the NHMRC. In the Gain-of-function research review report-I've had a look at it-you haven't actually outlined the 17 papers. You're saying that you can't provide them, because of 'potentially serious threats to the personal and professional lives of scientists'. Are there specific threats? This seems remarkable. This is publicly funded research, involving potentially very serious risks to the public. Why can't the public know what was funded by the public into infectious agents? Prof. Kelso: During the pandemic, a number of people, working generally in virology and related topics as researchers around the country, have received serious threats and had their lives threatened. Senator CANAVAN: Did any of the researchers in these 17 papers receive threats? Prof. Kelso: I don't know the answer to that. Senator CANAVAN: Take that on notice. I find this totally unacceptable. Could you take on notice from this committee what those 17 reports were. Keep in mind that, obviously, you would need a public interest immunity to not release it. This is publicly funded research. This type of research involves infectious agents that potentially-I do not accept the</p>	Pages 69-70	10/11/2022

				<p>rationale you gave before-created coronavirus. It's definitely a credible theory that this came from a lab involving gain-of-function research, and I think the public deserves to know where its money is going on potentially risky research. You cannot be laws unto yourselves; and this review, to me, smacks of the fox looking after the henhouse here. You're reviewing your own research, and the report is very defensive. Finally, can I also ask: did any of these 17 reports involve research on infectious agents that may increase pandemic potential or cause it to acquire pandemic potential?</p> <p>Prof. Kelso: I'll take the question on notice, because I don't have the details with me. They were identified as ones of concern precisely because they fitted that definition amongst the 6,000 or so projects on infectious disease in Australia which, just because they were on infectious diseases, were in scope for analysis. There were 17 that fitted the criteria.</p> <p>Senator CANAVAN: Just to be clear, I'm drawing this distinction: in the report-I might not be using the correct terms-you said that there was research involving infectious agents which could cause harm to humans; and I believe that there was a 'subcategory', if you like, of research involving infectious agents that could create a pandemic effectively. My question there was especially about whether any of those 17 involved infectious agents that could cause a pandemic.</p> <p>Prof. Kelso: That was the criterion for analysis: that could cause harm to humans.</p> <p>CHAIR: Thank you, Senator Canavan. We will be breaking for a tea break. I am just</p>		
SQ22-000439	Department of Health and Aged Care	Gerard Rennick	Spike protein in the blood and TGA non-clinical report	<p>Senator RENNICK: Maybe it's a statement. Let's move on to the next one. The other night I asked you about blood tests and donating blood after three days. You said there's no reason why the spike protein would be in the actual blood. Firstly, in the actual non-clinical evaluation report from the TGA it says there is no actual testing of the spike protein in the clinic itself. To say that you wouldn't know that it's in the blood-you wouldn't actually know that because, as it says here, there is no distribution and degradation data on the S-antigen encoding mRNA, that is, the spike protein. The same question to you. The other night you said, 'It wouldn't be in the blood.' My question to you is: how would you know that if there is never any testing done on the spike protein, firstly? A study published in May 2021 documented for the first time that S-proteins were found in 11 of the 13 subjects as early as one day after the injection of, in this case,</p>	Page 71	10/11/2022

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				<p>the Moderna vaccine. Prof. Murphy: Where? Senator RENNICK: In the blood. They found the spike protein in the blood. Studies have found spike proteins in the blood as early as one day after the actual vaccine. Prof. Murphy: All I can say is that I'm happy to take that issue on notice again and get Professor Skerritt to respond on the full dataset that we have around this issue. I've not seen any evidence that spike proteins are detected three days after vaccines in any studies that I've seen. But I'm not across all of the literature. If it's a legitimate question I will get the TGA to address it. Senator RENNICK: You wouldn't find that evidence because there were no studies done, according to this TGA report. Absence of evidence is not evidence of absence. They are two separate things. ... Prof. Murphy: I certainly didn't say that, but Professor Skerritt may have. We've let him go now. Again, we'll take it on notice to come back to you on that issue. I have really strong confidence in our regulatory process. We now have real-world evidence of many billions of doses of these vaccines. We believe that they are incredibly effective and incredibly safe. Professor Skerritt said we only had I think 14 confirmed deaths associated with vaccines, and many of them were with AstraZeneca. I really do have great faith in our regulatory system.</p>		
SQ22-000440	Department of Health and Aged Care	Anne Ruston	National Cabinet meeting and request for CMO advice on end of mandatory isolation rules	<p>Senator RUSTON: I'll wait for that to come back before I ask any more questions around that. When the decision was made to end mandatory isolation rules a couple of months ago, did you provide advice to National Cabinet to that effect? Prof. Kelly: Again, I'm happy to table the document. I was requested by the Prime Minister to provide advice on the day before National Cabinet, and he shared that with his colleagues in National Cabinet. That was subsequently made public. Senator RUSTON: Did you consult with the AHPPC before you provided that advice? Prof. Kelly: I was asked by the Prime Minister to provide advice to him on the day before National Cabinet, and I did so. ... Senator RUSTON: Minister, could you give some advice as to when that</p>	Page 73	10/11/2022

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				<p>National Cabinet meeting was called?</p> <p>...</p> <p>Prof. Kelly: The meeting took place on 30 September.</p> <p>Senator RUSTON: No, I asked: when was the notification provided that the meeting was to take place? When was the decision made to hold the meeting on that date?</p> <p>Prof. Kelly: I'd have to take that on notice and consult colleagues in Prime Minister and Cabinet.</p> <p>Senator RUSTON: Minister, you might like to take that on notice and come back to me and let me know the date the decision was made to hold that National Cabinet meeting. It would be very interesting to know whether the meeting was called on the same day as Professor Kelly was asked to provide the advice, which restricted him having the ability to be able to consult with his state and territory counterparts before giving the advice that he provided to National Cabinet, without consulting his state and territory colleagues, which I would suggest he has done on every other occasion that he has provided advice.</p> <p>Senator McCarthy: It is a matter for the Prime Minister in regard to National Cabinet, but of course I'll see what we can find out for you.</p>		
SQ22-000441	Department of Health and Aged Care	Anne Urquhart	Link to the list of investments by previous government for the Primary Health Care 10 Year Plan	<p>Senator URQUHART: The former government released the Primary Health Care 10 Year Plan '22-32. They also published Australia's Long Term National Health Plan in 2019. I'm interested in the funding attached to those long-term plans. What ongoing measures for primary care were funded by the previous government to support Medicare to respond to the increasing pressures on the system?</p> <p>Mr Cottrell: I can answer part of the question in relation to the Primary Health Care 10 Year Plan. In the published version of the plan, the previous government had a foreword which listed all of the investments that were made towards that plan by the previous government. I can provide you a link to that. I don't have it here with me, but I can provide you with a link to all of that information on notice.</p>	Page 76	10/11/2022
SQ22-000443	Department of Health and Aged Care	Jordon Steele-John	Copy of the Community Protection Framework	<p>Senator STEELE-JOHN: What risk assessment was undertaken before the National Cabinet made the decision to remove all COVID-19 restrictions?</p> <p>Prof. Kelly: The circumstances and the rationale behind my advice is mentioned in the letter there, Senator.</p> <p>Senator STEELE-JOHN: Thank you. I'll take a look through the letter. But I'm not wanting to miss the opportunity to ask you directly: did the risk</p>	Page 77-78	10/11/2022

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				<p>assessment include projected years of life lost as a part of the calculation? Prof. Kelly: The advice was based on the circumstances that we had at that time, which was a very low rate of cases in the community, very high hybrid immunity from a combination of high vaccination rates and previous infection, and the fact that we had many other modalities of control. I did very much point out, and this is crucial to the letter, that was context and timing specific. I made this commitment very strongly in the letter. Also, part of the discussion around this decision was that we must continue to look very closely at what is happening in our community and internationally with regard to new variants of concern, increases in cases and, particularly, severity of illness; to alert the public that was happening, if it was happening; and to have a plan about what should happen in those circumstances. So two weeks later, before that change in isolation period came about on 14 October, the Community Protection Framework, which was discussed and agreed by all AHPPC members, came to being, and that's also been tabled in your absence. We can get you a copy of that.</p>		
SQ22-000444	Department of Health and Aged Care	Anne Ruston	Costs associated with international travel by Ministers	<p>Mr Exell: The senator asked a question about international travel. The Assistant Minister for Mental Health and Suicide Prevention travelled to Italy via the UK for the World Health Organization's Global Mental Health Summit from 10 to 17 October. The Minister for Sport and Minister for Aged Care travelled to New Zealand from 20 to 23 October for the Australia New Zealand Sports Law Association Conference, and also participated in the FIFA Women's World Cup Australia New Zealand 2023 official draw release. The Assistant Minister for Indigenous Australians and Assistant Minister for Indigenous Health travelled to Indonesia for the G20 Health Ministers meeting from 26 to 29 October. As to any non-portfolio travel, the Assistant Minister for Indigenous Australians and Assistant Minister for Indigenous Health travelled to Fiji from 12 to 15 October for the Pacific Women's Leaders Governance Board meeting. Senator RUSTON: I asked for the costs associated with that, but you don't have to do that now. Mr Exell: I don't have the costs but we can get that. Senator RUSTON: Take that on notice.</p>	Page 8	10/11/2022
SQ22-000447	Department of Health and Aged Care	Larissa Waters	Interpreters in maternity services	<p>A recent ABC report highlighted the difficulties that pregnant people from non-English speaking backgrounds experience in hospitals when accessing maternity and post-natal care. Is the Department doing any work on</p>		21/11/2022

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				<p>addressing this barrier, such as providing funding for on-staff interpreters? https://www.abc.net.au/news/2022-11-10/migrant-women-reveal-how-language-barriers-impact-pregnancy-care/101617454</p>		
SQ22-000449	Department of Health and Aged Care	Larissa Waters	Contraceptives	<p>Has the TGA been briefed on over-the counter prescriptions trials for the pill in Qld and NSW? Could the outcome of those trials lead to reconsideration of the TGA's previous decision not to support over-the counter distribution? Are you aware of any current trials of male contraceptives?</p>		21/11/2022
SQ22-000450	Australian Institute of Health and Welfare	Jordon Steele-John	Dental biennial reports and data	<p>Senator STEELE-JOHN: I want to kick off by asking how many people in Australia are on waiting lists for general dental care, denture care and assessment of dental services? Mr Heferen: We don't have the detail of that question available. If we could take that on notice, we'll provide an answer, to the extent that we have that data. Senator STEELE-JOHN: Yes. Mr Heferen: There's also a question of the data that we have available. It may be that we have information along those lines. We do some reporting on dental. In Australia's Health, we update that as one of our biennial reports. I can't recall off the top of my head what level of detail we can go to on dental. We can take that on notice and come back to the committee. Senator STEELE-JOHN: Yes. In terms of the information that you might have, either in mind or to hand now, do you have a picture of what the national waitlist looks like? Do you gather that information, or is that not something that you do? Mr James: I'll give you an example. We don't have waitlists, for example, on mental health; so we don't have a waitlist, for example, of people waiting to see psychiatrists or psychologists. We do things like waiting times for elective surgery in hospitals and things like that, but often we don't have waiting times for particular medical professions. Often that data is not centrally collated. Mr Heferen: Certainly, with waiting times for dental-that's the one in particular-I'm fairly sure that we don't. Before I'd say a definite 'no', I'd like to take that on notice, just to make sure that is correct. Senator STEELE-JOHN: Regarding what Mr James has just said, in terms of the elective surgery-the surgery wait times that you have-do you break</p>	Page 17	10/11/2022

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				<p>them down so that we might at least be able to identify the dental surgeries captured within that number?</p> <p>Mr James: We certainly cross-classify that data, and that's available by different types of things that people are waiting for. I don't have that detail in front of me, but we could get that to you.</p> <p>Senator STEELE-JOHN: Okay. For good reason, you're a well-respected organisation in the community; people, I think, trust the information that you provide. I know that you're going to take it on notice but, if the answer is no, what would it take for you to be able to gather this data?</p>		
SQ22-000451	Department of Health and Aged Care	Larissa Waters	Medical abortion	<p>Currently, the authority and training requirements for prescribing Mifepristone require both the prescribing doctor and the dispensing pharmacist to be accredited.</p> <p>? What other medications require this level of authority?</p> <p>? Has the TGA considered amending the requirement so only one of the doctor or the pharmacist had to be accredited?</p> <p>What reforms would be needed to allow nurses to prescribe and administer Mifepristone?</p>		21/11/2022
SQ22-000452	Department of Health and Aged Care	Jordon Steele-John	Meetings of state and territory health ministers	<p>Senator STEELE-JOHN: Finally, I ask the minister representing the health minister: do you know whether the minister has indicated a willingness to put such an item on the agenda for a subsequent meeting of state and territory health ministers, so that the institute would undertake that work?</p> <p>Senator McCarthy: I'm not aware at the moment, but I can certainly take that on notice. Obviously, that would be a discussion with the minister, and I'm more than happy to have that conversation and get back to you.</p>	Page 18	10/11/2022
SQ22-000453	Department of Health and Aged Care	Jordon Steele-John	People with disability that died from COVID-19	<p>Senator STEELE-JOHN: That's worrying. How many disabled people have died from COVID-19 in the pandemic so far?</p> <p>Prof. Kelly: As you know, we've talked about this many times before. I can't tell you exactly that number. I can tell you the number of people that we know who are registered with the NDIS who have died during the pandemic and that number is 196 up to the 30 June 2022. I don't have more recent figures. For people on the disability support pension it is 394.</p> <p>Senator STEELE-JOHN: Okay. So, before we go to the question of why you can't go to anything more specific than that, in terms of those two figures, is that overlap? Do those two figures overlap or are they distinct?</p> <p>Prof. Kelly: I believe there would be some overlap, Senator, but I'll take</p>	Page 78-79	10/11/2022

				<p>that on notice. Senator STEELE-JOHN: Can you take that on notice so that we can get- Prof. Kelly: We do rely on a partner agency. There is overlap. ... Senator STEELE-JOHN: How many people do you approximate have been-I missed in the statistics that you currently have- Prof. Kelly: I don't think that's an answer that's available to me, Senator. ... Senator STEELE-JOHN: How many people do you approximate have been-I missed in the statistics that you currently have- Prof. Kelly: I don't think that's an answer that's available to me, Senator. Senator STEELE-JOHN: Well, it's available to me in terms of-I at least understand, and you will understand, that the ABS collects a set of data in relation to how many disabled people there are in Australia. Prof. Kelly: Yes. Senator STEELE-JOHN: Roughly four million. There's a significant gap between that figure and the figure that you've been able to provide me with today, isn't there? Prof. Kelly: They were numbers of known positive cases of COVID, Senator. So, in terms of the denominator, I haven't used that, but my colleague may have further advice. Dr Gould: We work with the ABS to link a number of their data holdings, including the census and disability support payments, with their mortality database. Their mortality database is naturally somewhat lagged in terms of our ability to report on it, but through this linked detailed information we're able to get a range of definitions of disability, including identification through the census process as well as disability support information. So we are able to drill in to a fairly granular level on deaths of people with disability and we can do so at quite granular geography as well. We've got an ongoing program of work looking into that and we could provide you with more statistics around that on notice.</p>		
SQ22-000454	Australian Institute of Health and Welfare	Jordon Steele-John	Public information on dental care in Australia	<p>Senator STEELE-JOHN: Could you take on notice for me, Mr Heferen-just in case there is information hanging around, although it seems that there isn't-whether you have information about the number of people who are on waiting lists for general dental care, denture care and the assessment of dental services in Australia. Additionally, if you have that information, could you indicate how many are under the age of 18, how many are over</p>	Page 18	10/11/2022

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				<p>the age of 65 and what the average time on the waitlist is?</p> <p>Prof. Murphy: Can I clarify something. I think what you're getting at are the public dental waiting lists. I think Mr Heferen is saying that to go into the private dentists is almost impossible.</p> <p>Senator STEELE-JOHN: Yes. Literally, I'm seeking any information that you can give me on dental care in Australia of any type; yes, for public, if that's what you've got.</p> <p>Mr Heferen: We'll take that on notice and endeavour to provide you with what we can.</p> <p>Mr James: There is some relevant information in the ABS patient experience survey. That gives you data on whether people faced cost as a reason for not seeing a dentist, for example. That's published by the ABS; I've got that in front of me.</p> <p>Senator STEELE-JOHN: Public is great.</p> <p>Mr Heferen: We'll make sure that we include that in the information that we'll provide to the committee.</p>		
SQ22-000455	Australian Institute of Health and Welfare	Larissa Waters	AIHW maternity models of care and public hospitals with birthing centres	<p>Senator WATERS: Can I ask about maternity care, please? The latest AIHW maternity models of care data show that only 31 per cent of pregnant people are able to access continuity of care through their pregnancy. Can I interrogate that 31 per cent figure? I presume that's a national figure and that access to continuity of care would be much lower in certain areas. Could you let me know if you have any regional breakdowns of that figure?</p> <p>Mr Heferen: I'm afraid that you've landed on one that is outside our immediate area of expertise. We do produce a lot of reports a year, so apologies if we don't get-</p> <p>Senator WATERS: They're very good. Do you have the relevant officer perhaps to hand?</p> <p>Mr James: Not here today.</p> <p>Senator WATERS: Not here, okay.</p> <p>Mr Heferen: If there's something general-when was that report that you mentioned?</p> <p>Senator WATERS: That is an excellent question. I don't know. You tell me; it's your report. I don't have the date here, I'm sorry. I've got the link to it, but I haven't printed it. If you need to take it on notice, that's fine.</p> <p>Mr Heferen: Yes, we'll take it on notice.</p> <p>Senator WATERS: I'm also interested in-I'm not sure if this is a question</p>	Page 18-19	10/11/2022

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				<p>for you or for the department-whether you have figures on how many public hospitals offer birthing centres and midwife-supported birth models.</p> <p>Mr Heferen: Yes, we will have that information-</p> <p>Senator WATERS: Take that on notice also.</p> <p>Mr Heferen: I'll also take that on notice.</p>		
SQ22-000456	Department of Health and Aged Care	Larissa Waters	Woman-centred care strategy monitoring and evaluation framework	<p>Senator WATERS: I have written here that it was a strategy that was released in 2019, but 2018 is close enough. That's several years ago. I hear that you are wanting to enhance access, but what actions have been taken to do that by the federal level of government?</p> <p>Prof. McMillan: Again, the action to address and increase access to continuity of care does lie with the jurisdictions. We have recently re-established a senior officials group that is looking at all of the elements and recommendations of the woman-centred care strategy and looking at the progress they've made in relation to a number of those actions required. At the moment we're working with all of the jurisdictions to look at a monitoring framework that will tell us better the progress of those. Again, ultimately, it is the jurisdictions that need to do the work predominantly in the maternity hospitals to expand that access.</p> <p>Senator WATERS: I'll come back to that point. On that monitoring and evaluation framework, when will that be finalised?</p> <p>Prof. McMillan: As for when we're aiming to complete that, it's probably best to take that on notice, so that I have it accurately.</p> <p>Senator WATERS: Sure. Will consumers be involved in co-designing that monitoring and evaluation framework?</p> <p>Prof. McMillan: Again, I will need to take that on notice, just to check the consultation process on that monitoring and evaluation framework.</p>	Page 19	10/11/2022
SQ22-000457	Department of Health and Aged Care	Anne Ruston	Inappropriate claiming of Medicare and compliance activities	<p>Senator RUSTON: Mr McCabe, following what Professor Murphy's just said, in your investigation of thesis and your conversations with Dr Faux, what would you suggest should be the hypothecated figure or thereabouts of the level of inappropriate claiming of Medicare if it's not \$8 billion?</p> <p>Mr McCabe: Senator, I think it's been reported in the media that the ANAO did an audit on the Medicare compliance program back in 2019-2020. They actually reported a number that ranged from \$266 million up to about \$2 billion of potential noncompliant claiming of Medicare. I guess an element of that would include inappropriate practice at a very</p>	Page 79-80	10/11/2022

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				<p>high end and small-high-end in terms of concern there would be some fraud in that number as well.</p> <p>...</p> <p>Ms Shakespeare: They become more targeted as the conduct becomes more serious. So, certainly, if there's inappropriate practice or fraud, we have very strict approaches to managing those. Fraud is a criminal offence, and we work with the Director of Public Prosecutions about those.</p> <p>Senator RUSTON: I don't mean to be-I'm going to have to ask you to shorten your answers, because I know the chair is going to be down on me like a tonne. If you could provide me with details around what other compliance activities-I don't need it now; you can provide it on notice-and efforts the department undertakes. Obviously, the PSR is the body charged with this particular issue, but I'd be keen to know what other compliance activities the department undertakes in addition to the PSR's work in relation to compliance</p>		
SQ22-000458	Department of Health and Aged Care	Anne Ruston	Food ministers meeting arrangements	<p>Senator RUSTON: You said that there were lead ministers; do I assume that, with the so-called voting or whatever you want to call it, there is only one minister from each jurisdiction who gets to be the person who casts the vote?</p> <p>Ms Rishniw: Generally, all ministers attend and the jurisdictions will caucus between ministers; but, yes, there's one vote per jurisdiction.</p> <p>Senator RUSTON: Is it up to the jurisdiction to decide which of the two ministers that is?</p> <p>Ms Rishniw: It is.</p> <p>Senator RUSTON: Is there an even balance between being the ag minister and the health minister, or is it more predominantly one or the other?</p> <p>Ms Rishniw: I will have to take that on notice, in terms of the current food ministers meeting arrangements, if I can. Generally, it is well balanced.</p>	Page 21-22	10/11/2022
SQ22-000459	Department of Health and Aged Care	Larissa Waters	Data collection of medical and surgical abortion care in Australia	<p>Senator WATERS: I am interested in what data collection is done regarding abortion care, both medical and surgical, across the country. Do you keep figures on how many abortions are performed in public hospitals, and is there a rural and regional breakdown for those figures?</p> <p>Ms Rishniw: My understanding is that there isn't any national collection that looks at terminations in a statistical way across all jurisdictions, and a breakdown. I will have to take that on notice, if I can. I haven't seen any consistent data nationally on those figures.</p>	Page 23	10/11/2022

				<p>Senator WATERS: Why is that data not collected?</p> <p>Prof. Murphy: Part of the problem is that, with the MBS data, the MBS codes are used for more than just termination of pregnancy, for abortion. Some of those codes are used for other indications. The MBS is often our richest set of data for the private medical sector, but if you pull out the codes for surgical abortion, in that database there will be a number of other procedures that are done for other things. Obviously, in the states, and in the public system, there is rich data because that is coded under the National Health Reform Agreement, and those data are reported through. AIHW could pull that together, and we could pull that data together from the states. The states and territories certainly have data on their public abortions.</p> <p>There are, of course, medical abortions, which is the other side of things. We can get some data on that through the PBS, in terms of the prescriptions. It is possible to pull it together, but, as Ms Rishniw says, there isn't a comprehensive dataset. This is certainly a very strong interest of Assistant Minister Kearney, and she is very keen for us to do more work in this space. It's clearly a program of work on which we're commencing to expand our efforts.</p> <p>Ms Rishniw: We can take that on notice, and we'll pull together the data that we can easily do.</p> <p>Senator WATERS: Thank you. That would be wonderful.</p>		
SQ22-000460	Department of Health and Aged Care	Anne Ruston	Internal report on Medicare compliance and fraud	<p>Senator RUSTON: Obviously, it's completely incorrect to characterise the department as being impotent when it comes to compliance enforcement. Great. Have you completed your review, Mr McCabe-the one that the minister sought for you to do internally?</p> <p>Mr McCabe: The minister asked for two pieces of advice. One was a broader background one to explain all the things we do in compliance, and I think we just talked about some of that today, but also some advice on Dr Faux's PhD, just to really contextualise what's in that PhD and try to relate it to the allegations that have been put out there in the media. I think it's important to note that the PhD, as we've reviewed it, talked about potential noncompliance in the order of \$1.5 billion to \$3 billion and talked about how most of the noncompliance related to doctors not understanding how to use Medicare. So the narrative in the media is quite different to what's actually in the PhD.</p> <p>Senator RUSTON: So, as to those two pieces of work that the minister</p>	Page 80	10/11/2022

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				<p>commissioned you to do, has the minister received them? Mr McCabe: The minister has received them. Senator RUSTON: Have they been made public? Mr McCabe: No, they haven't. Senator RUSTON: Do you know whether there's the intention to make them public? Minister, do you know whether there's any intention to make that information public? Senator Gallagher: He's certainly spoken about the report he's received, which I think has led into this independent assurance review that's happening. I'll take that on notice and come back to the committee and see what information we can provide. It may be that information is going to feed into this review somehow and maybe it's not the right time to release it, but I'll take it on notice.</p>		
SQ22-000461	Department of Health and Aged Care	Larissa Waters	Departmental meetings with MSI Australia since the election	<p>Senator WATERS: Have the minister, the government or the department met with MSI since the election to discuss any funding model that would allow services to be increased? Ms Rishniw: I can't comment, obviously, on whether ministers have met with MSI. Since the election, I'd need to take that on notice, in terms of whether we had met with MSI. But the department have met regularly with MSI. One of the other things that was very clearly communicated by MSI, particularly during COVID, was access to telehealth services as well. That was very specifically an initiative that was in response to some of the feedback from MSI. I would need to take on notice whether we've had any meeting since the election. As I said, I couldn't comment on whether ministers have met.</p>	Page 24	10/11/2022
SQ22-000463	Department of Health and Aged Care	Larissa Waters	Investments for obstetric care in rural areas	<p>Senator WATERS: This is my final question, I promise: is the government doing anything to address that decrease in services? [...] Ms Shakespeare: In terms of specific announcements, we do have some to support rural generalists to acquire those procedural skills, including obstetric skills. The recent budget included \$10.7 million in funding to increase the number of procedural training places. That's working with states and territories so that we can increase the number. There are existing training programs to support rural GPs to acquire procedural skills and maintain those, but this is an additional investment. There is an additional \$74.1 million invested over four years to increase incentive payments to rural generalists who have procedural skills and are using</p>	Page 25	10/11/2022

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				<p>those to deliver expanded skills in their communities, including obstetric skills. There are some specific investments that will benefit obstetric care in rural areas.</p> <p>In the March budget this year, there was also investment. I don't have the number here with me. That has allowed us to employ a principal midwifery officer in the department, who works to our Chief Nursing and Midwifery Officer, Professor McMillan, who is also doing work with the states and territories around rural maternity services access. There are a few things happening at the moment.</p> <p>Senator WATERS: Could you take on notice for me the work scope of that most recent person? Thank you very much, Chair, for your generosity, and thanks for your time, everyone.</p>		
SQ22-000464	Department of Health and Aged Care	Anne Ruston	Districts of workforce shortage first conceived	<p>Senator RUSTON: If I put a question on notice to the department and requested, by postcode, the workforce and MBS item numbers, would you be able to provide me with that data, or would you not?</p> <p>Ms Shakespeare: I think we'd need to look at the request and make a decision based on whether there were small cells involved.</p> <p>Mr Williams: We normally record data by general practice catchment, which is basically an analysis of where patients and individuals actually acquire services, and services are provided to them. For the geographic boundaries, we use general practice catchments. We can provide that information for you.</p> <p>Senator RUSTON: Through PHNs?</p> <p>Ms Shakespeare: There are 827 general practice catchments across Australia.</p> <p>Senator RUSTON: You would provide the data at that level?</p> <p>Ms Shakespeare: I think that, at that level, it's usually fine-</p> <p>Senator RUSTON: Is it published?</p> <p>Ms Shakespeare: Those are published for DPA. We base distribution priority areas at catchment level. It will be in many cases, yes.</p> <p>Senator RUSTON: Going on to the DPA, when the DPA was first conceived as an initiative, what was the purpose of it?</p> <p>Ms Shakespeare: I don't know exactly when districts of workforce shortage were first conceived. It was probably in the late 1990s, but I'd have to take that on notice. Distribution priority areas replaced districts of workforce shortage for primary care practitioners in, I think, 2018 or</p>	Page 27	10/11/2022

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				2019. Mr Williams: 2019.		
SQ22-000465	Department of Health and Aged Care	Anne Ruston	Consideration of rural, regional and remote communities in election commitment for changing DPA's	<p>Senator RUSTON: All right, well, I'll ask the question again. Are you aware of any consultation that was undertaken with rural, regional and remote communities before the decision was implemented?</p> <p>Senator McCarthy: No, I'm not aware.</p> <p>Senator RUSTON: You're not aware? Okay. Would it be possible to take on notice, then, Minister, to find out what the basis of the decision was and whether the implications on rural, regional and remote communities were taken into account when the election commitment for changing the DPAs was made? Also, I'd be interested in your views as to the concerns that were expressed by the Rural Doctors Association of Australia.</p> <p>Senator McCarthy: I'm happy to take that on notice.</p>	Page 30	10/11/2022
SQ22-000467	Office of the National Rural Health Commissioner	Bridget McKenzie	Consultations to expand Murrumbidgee model to other regions	<p>Senator MCKENZIE: My understanding from Senator Davey is that Labor said they would expand this model to other regions. Has that occurred yet or has there been any consultation?</p> <p>Prof. Stewart: There are a number of other sites around Australia that are investigating and in discussion as to how they would run a single-employer model. There are some that are actually being run but not using that terminology.</p> <p>Ms Shakespeare: There was additional funding in the recent budget to support expansion of these trials, but I might turn to my colleague to talk about where those are at. We have got some extra ones underway now.</p> <p>Mr Williams: I am happy to give you an update of the existing trial as well. So, as of now, there are seven participants on the single-employer model. That's across Wagga, Gundagai, Temora, Cootamundra, Deniliquin and Narrandera. We have a maximum capacity of 20 rural generalist trainees through this program. As the Rural Health Commissioner indicated, we have four years through which that program will be rolled out. We've got a second trial in the Riverland Mallee Coorong local health district in South Australia that is currently in development. As indicated as well, the current government has committed to an expansion of the models across Australia. It's currently in negotiation with the states and territories as to where those might happen. But it should be by January next year around where we can undertake applications and make assessments of where the next trials might be undertaken.</p> <p>Senator MCKENZIE: Commissioner, one of the issues when I was last in</p>	Page 33-34	10/11/2022

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				<p>this area was the colleges. We were trying to make sure that colleges would prioritise rural and regional experience or practice as part of a requirement for certification. How's that going? I thought we only got two.</p> <p>Prof. Stewart: I think if you came back into the area you would notice that there has been change. The specialist training program continues. Some of the colleges are very active in establishing rural training programs-not all, but there has been good deal of progress.</p> <p>Senator McKENZIE: If you, on notice, could give me a naughty and nice list, that'd be great. Thank you.</p>		
SQ22-000468	Department of Health and Aged Care	Jordon Steele-John	Information about four strands of creative and pieces of content spent	<p>Senator STEELE-JOHN: Right. Just to clarify, there is a public communications campaign going on right now about mask wearing funded by the federal government?</p> <p>Prof. Murphy: There's an ongoing communications campaign. I don't know whether Ms Balmanno will come up and have a talk. We certainly have ongoing social media campaigns on those protection mechanisms. But Ms Balmanno can talk to you.</p> <p>Ms Balmanno: We have four strands of creative in market at the moment. One of those is about COVID safe behaviours, which includes mask wearing. The dominant messaging at the moment is around the oral antivirals and for people who are eligible to make sure they're having those early conversations with their doctor so that, if they catch COVID, they can get onto the antivirals quickly. But, obviously, as the epidemiology changes, we change the balance in terms of the advertising.</p> <p>Senator STEELE-JOHN: So, at the moment, of those four pieces of creative, I wonder, just for time, if you can take on notice who is providing us with the information about those creatives and pieces of content spend, particularly in relation to audience that you're targeting. So it's the pieces of creative themselves, if you're able to provide them.</p> <p>Ms Balmanno: We can definitely do that, but all of our creative is also always available on our website. We can provide all the links to those.</p>	Page 88	10/11/2022
SQ22-000470	Department of Health and Aged Care	Linda Reynolds	MUS and DSCATT treatment and planning	<p>Senator REYNOLDS: From the department's perspective, Professor Murphy, are you on notice able to provide an update on the implementation of the recommendations from our 2018 report, the second report-where that's up to? That's the first thing. And could you</p>	Page 48-49	10/11/2022

also answer: when people go to their doctors with a tick bite, under the MBS, what schedule can that be treated under?
 Prof. Murphy: I imagine it would be treated under a general consultation MBS item. There'd be no specific item, I think, for a tick bite, unless there was some particular intervention. But let's take that on notice.
 Senator REYNOLDS: If you could, thank you, for all various manifestations of that-terminologies.
 Prof. Murphy: Professor Kelly has got carriage of this disease. I passed it over to him two years ago. He would be happy to answer that on notice.
 Senator REYNOLDS: And I think 'medically unexplained symptoms' is a categorisation, so could you include that as well?
 Prof. Murphy: There's a broad church there. Obviously a subset of that is the tick bite associated symptom complexes, but there are a range of others as well. We'll certainly respond on notice.
 Prof. Kelly: I can answer some of those questions now, Senator. Thank you for handing that over to me, Professor Murphy. DSCATT is what we're using: debilitating symptom complexes attributable to ticks. We've had a lot of work, as you know, including the inquiry in 2018, and very good engagement with various peak bodies that are interested in this particular matter. In terms of funding of research, \$8 million has been allocated for research into this issue since 2018. That included a one-off \$200,000 grant to the Lyme Disease Association of Australia in 2019. And there's continuing work that's been associated with that. In relation to the actual inquiry of this committee, recommendation 1 has been completed. I won't go into the details but I'm happy to do that-
 Senator REYNOLDS: On notice, that would be great, thanks.
 Prof. Kelly: Recommendation 2 is progressing. That was in relation to the research, as I mentioned. The guidelines and so forth have also been completed. Maybe it is best for me just to table the update of all of the recommendations. But essentially almost all have been completed and the ones that are progressing are, in my view, progressing well.
 Senator REYNOLDS: Thank you. Have you got the figures available on how many Australian patients have been referred to infectious disease specialists with potential tick-borne diseases from 2016 to 2022?
 Prof. Kelly: I'm not sure that we'd be able to have that information, but I'm certainly happy to look at it and provide something on notice.
 Senator REYNOLDS: Thank you. I don't know whether it's DSCATT or MUS

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				but in terms of better care and Australia's healthcare plan 2022-2032, in section 3-this is one for notice-detailing the foundations of reform, my advice is that this is not sufficiently addressed. So could you come back about how MUS and DSCATT are actually now treated and the planning? Prof. Kelly: Certainly, Senator.		
SQ22-000472	Department of Health and Aged Care	Jordon Steele-John	MRFF Long COVID research	Senator STEELE-JOHN: The MRFF-is that for COVID research or specifically long COVID research? Prof. Kelly: Specifically for long COVID there has been \$130 million that has been given to COVID research, vaccines, treatments and other elements. Prof. Murphy: There are some basic research projects in long COVID, particularly \$3 million to the Institute of Health and Welfare to get that important data that Professor Kelly was talking about that we haven't got. Senator STEELE-JOHN: Was that identified in the budget or was that- Prof. Murphy: It was previously allocated. The MRFF is an ongoing measure. Dr Somi can give you the details if you like. Dr Somi: So, just to confirm, there have been investments. I don't have the details of the project specifically. I do confirm it has been 8.1 million specifically for research to understand long COVID and the impacts on populations, particularly vulnerable populations. Senator STEELE-JOHN: Can you take that on notice and provide it to us? Dr Somi: Yes. Senator STEELE-JOHN: Thank you.	Page 90	10/11/2022
SQ22-000473	Department of Health and Aged Care	Gerard Rennick	Correlation between date of death and date of vaccinations	Senator RENNICK: Have you done a correlation between the date of death and the date of vaccination? It's a simple 'yes' or 'no'? Dr Skerritt: For the cases where there are deaths reported we do look at the date of vaccination. We don't see a correlation- Senator RENNICK: Can you please provide a copy of those dates of deaths and dates of vaccination. Dr Skerritt: We'll provide that.	Page 53	10/11/2022
SQ22-000474	Department of Health and Aged Care	Anne Ruston	MRFF funding within the budget papers	Senator RUSTON: In the March budget, there was \$6.8 billion for medical research that was made up of 3.7 from the National Health and Medical Research Council, 2.6 from the MRFF and 500 million from the Biomedical Translation Fund. Can you tell me where I'd find that in the budget papers? Dr Somi: Are you talking about the October budget papers? Senator RUSTON: Yes-I'm just trying to understand whether that's still	Page 90	10/11/2022

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				<p>there. Dr Somi: Definitely the funding is still available. I would have to look exactly where the figures are in the budget papers. But those funds are still remaining in the budget. Senator RUSTON: I'm happy for you to take it on notice.</p>	
SQ22-000475	Department of Health and Aged Care	Ralph Babet	National Medical Stockpile - procurement	<p>Questions:</p> <ol style="list-style-type: none"> 1. Please provide the Committee with a funding profile breakdown of NMST procurement for each of the previous four financial years 2018-19 through 2021-22 displaying; <ul style="list-style-type: none"> •All outlays by the NMST on procurement in each year broken down by sub-type (e.g. personal protective equipment, vaccine purchases, ventilators etc.) •For non-woven fabric products please provide a breakdown of purchases in each of the above financial years by sub-type (e.g. N95 respirators, surgical masks, surgical gowns, drapes etc.) 2. Please provide a breakdown of obsolescence (stock which had to be retired before usage/disbursement) in quantity and dollar value from the stockpile of non-woven fabric products by sub-type for each of the last four years. 3. Please provide a forward estimate over each of the next four financial years for expected requirements for purchasing of new stock for the NMST for infection control material and personal protective equipment by sub-type. 4. Please provide a forward estimate over each of the next four financial years for expected requirements for obsolescence of existing stock from the NMST for infection control material and personal protective equipment by sub-type. 5. Please provide the Committee the latest available figures for stock on hand held by the NMST for infection control material and personal protective equipment by sub-type. 6. What are the purchasing requirements for the NMS for the financial 	21/11/2022

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				<p>year ending 30 June 2023, broken down by product sub-type?</p> <p>7. Can you inform the Committee of the quantity of stock for personal protective equipment by type intended to be held by the NMS by 30 June 2023.</p> <p>8. Can you provide a figure for the total allocation in the Budget for 2022-23 for procurement for the NMS and how you intend to allocate this procurement by category and product sub-type?</p> <p>9. How does the NMST plan to implement government policy priorities and objectives as outlined by the Treasurer in his Budget, in particular the Future Made in Australia agenda and the Buy Australia Plan, by altering purchasing strategies to give greater consideration to Australian made products?</p> <p>10. The Government has made clear as part of the Future Made in Australia agenda and the Buy Australian Plan that Commonwealth procurement policies will change to better consider the national interest, especially for critical products where international supply chains cannot be guaranteed. Has the NMST altered purchasing strategies to implement these policy changes? If so, how? If not, when will changes be made and how?</p>		
SQ22-000476	Department of Health and Aged Care	Anne Ruston	Funding for implementation of the Regional Cancer Treatment Centres for Radiation Therapy Program in Victoria and South Australia	<p>Senator RUSTON: It hasn't been reversed. Thank you. In Budget Paper No. 3 on page 30, there's a table about health infrastructure projects. Under the South Australian column, there's an amount for \$4.3 million. Under the notes it says that this is providing funding to support the implementation of the Regional Cancer Treatment Centres for Radiation Therapy Program in Victoria and South Australia. Could you confirm that \$4.3 million for South Australia is for the regional cancer centre in Mount Gambier Limestone Coast?</p> <p>Ms Essex: My apologies, Senator, I'm just having trouble finding the relevant brief. I'll need to take it on notice, but we should be able to get back to you fairly quickly.</p> <p>Senator RUSTON: In response, I just need to understand where the grant process is in relation to that- assuming, of course, that is the one-and just where the agreement's been reached with the South Australian</p>	Page 90	10/11/2022

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				<p>government in relation to co-funding. If I could just get some information back on that, that would be great.</p> <p>Ms Essex: We'll get that for you on notice, Senator</p>		
SQ22-000477	Department of Health and Aged Care	James McGrath	Roundtable of vaping experts to discuss requirements for policy and regulatory forms	<p>Senator McGRATH: On your website you state that TGO 110, which I understand to be the standard for nicotine vaping products Order 2021, will be reviewed 6, 12 and 24 months after its implementation. It's been 13 months since implementation, and I understand no reviews have been released. Can the TGA provide details of what reviews are currently being undertaken and how the reviews have been conducted? Can the TGA also provide a breakdown of when these reviews will be released?</p> <p>Dr Skerritt: This has been an active area of discussion with the minister and government ever since the May election. Indeed, a range of things has happened, including that on 30 September Minister Butler convened a roundtable of vaping experts to discuss potential requirements for policy and regulatory reforms. He has given a commitment to public consultation on possible reforms. He's also given a commitment to consultation with states, territories, healthcare professionals and community groups. That process has supplanted the idea of getting an independent group of academics to review the process. There's a view by government that as a matter of urgency the dramatic increase in youth vaping needs to be addressed. Currently the plans for next steps are before the minister and the decision hasn't yet been made as to exactly what will happen when.</p> <p>Senator McGRATH: Whom was on the roundtables?</p> <p>Dr Skerritt: I'll take the full list of attendees on notice. I imagine they are public, but we may have to seek their consent through the minister for their names to be released.</p>	Page 54	10/11/2022
SQ22-000478	Department of Health and Aged Care	Anne Ruston	Oncotype DX cancer testing	<p>Senator RUSTON: Finally-you may need to take this on notice, because I'm getting eyeballed-in relation to Oncotype DX cancer testing, could you please provide me some advice in relation to the MSAT process that has gone around that-why we still do not have access to it and why you are spending clearly hundreds of thousands of dollars defending releasing documents under FOI in relation to that particular case. Can you come back on notice. Thank you.</p>	Page 92	10/11/2022
SQ22-000479	National Health and Medical Research Council	Matthew Canavan	Gain-of-function research involving coronaviruses	<p>Senator CANAVAN: Have we done any gain-of-function research in Australia?</p> <p>Prof. Kelso: The review examined Australian government funded research</p>	Page 57-58	10/11/2022

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				<p>in Australia over the last 10 years. We had a committee from within government and an expert adviser review all potential projects. It reviewed 6,000 projects funded by NHMRC, the ARC, undertaken at CSIRO and around the country. Out of the 6,000, it found 17 projects where there was gain-of-function research that could be considered of concern. We examined whether all of those projects had the appropriate regulatory controls and whether there had been any incidents that could have been of concern, and everything was in order.</p> <p>Senator CANAVAN: Did any of those 17 involve researchers either from the Wuhan Institute of Virology or researchers who had been researchers at the Wuhan Institute of Virology?</p> <p>Prof. Kelso: Not to our knowledge. The Wuhan Institute of Virology wasn't a named participant in any of those 17 projects.</p> <p>Senator CANAVAN: Did any of the 17 relate to coronaviruses?</p> <p>Prof. Kelso: I don't recollect whether any of them were to do with coronaviruses.</p> <p>Senator CANAVAN: You can take that on notice.</p>		
SQ22-000480	Department of Health and Aged Care	Malcolm Roberts	Freedom of Information 2289 - Stage 2 & stage 3 clinical trial data	<p>Senator ROBERTS: Referencing Freedom of Information No. 2289, in which the applicant requested a copy of the stage 2 and stage 3 clinical trial data, the TGA responded that the 'TGA does not hold any relevant documents relating to the request'. That was a request for stages 2 to 3 clinical trial data.</p> <p>Dr Skerritt: Without seeing what's in your hand, I believe that you asked for individual patient data rather than the phase 2 and phase 3 clinical trial data. I can give you my word that we assessed the phase 2 and phase 3 clinical trial data; otherwise, what else did we do? Look at the colour of the label on the bottle? That is the main thing our team of several thousand clinicians look at in reviewing a new vaccine, the phase 2 and phase 3 clinical trial data. It is the centrepiece.</p> <p>Senator ROBERTS: The freedom-of-information request then asked for 'any documents confirming the process of analysing this data to a decision, including meetings, notes, dates and times'. Again the TGA replied, 'We have no relevant documents.' Did you review the stage 2 and stage 3 data or not, and, if you did, why did you tell this freedom-of-information applicant you did not have these documents? Which document is the lie? One of them is.</p> <p>Dr Skerritt: I don't have that document in front of me. We can review it</p>	Page 60	10/11/2022

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				on notice. But we reviewed the phase 2 and phase 3 clinical trial data at length.		
SQ22-000481	Department of Health and Aged Care	Anne Ruston	Current workforce shortages and modelling on baseline data	<p>Senator RUSTON: No, sorry, that's not my question. My question is, right now, if we disregard all the legislative changes, what is the current workforce shortage?</p> <p>Mr Lye: I'm not sure if we've got a figure, but we will check.</p> <p>Ms Gleeson: Taking into account just the baseline gap, that is in the order of 2,000 for registered nurses and nurse practitioners combined.</p> <p>Senator RUSTON: What is the date of that information?</p> <p>Ms Gleeson: We are using the financial year 2023-24 as our reference year, so that is what our forecast gap is in that year.</p> <p>...</p> <p>Senator RUSTON: What I'm trying to understand is that you've used the 2020 workforce survey, so I'm assuming there has been some quite significant impact on aged care because of COVID. I wondered whether there has been any additional analysis on this to try and understand whether the impact of the two COVID years on the workforce in aged care and all the other subsequent challenges we've had in workforce have been factored into these numbers in any way?</p> <p>Mr Lye: I think that's what Ms Gleeson is saying, that we have taken that original baseline census data and we have then extrapolated through to get to the 2023-24 year. We are obviously trying to look at that year because that's when all of our policy changes take effect.</p> <p>Senator RUSTON: I certainly understand that. When was this table that I've got here compiled?</p> <p>...</p> <p>Senator RUSTON: Alright. Well, I'd just be really interested, in terms of the development of these workforce numbers, to understand how we've got to them. Clearly we're not disputing the numbers.</p> <p>Mr Lye: We're happy to come back on notice to give you the modelling, if you like, or the formula of how we've got from the baseline in 2020, when the survey was done, to that 2023-24 baseline figure, before we add the policy commitments and before we add the treatments. We can give you the methodology for that so you can see that we're taking into account various things.</p>	Page 96-97	10/11/2022

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SQ22-000482	Department of Health and Aged Care	Jordon Steele-John	State and territory clinical trial access process	<p>Senator STEELE-JOHN: To your understanding, is it the case that every state and territory has such a clinical trial access process?</p> <p>Dr Skerritt: It does vary between states and territories. As I've indicated, some of them are extremely challenging and you have to get a separate narcotics permit. Others are more straightforward. I wouldn't say there are clinical trials underway in every state or territory. The main clinical trials that are being looked at are ones being conducted in the US and in Europe, because they're the bigger trials, and there are some very large ones that will be reported on in the coming year.</p> <p>Senator STEELE-JOHN: Just to clarify, to the TGA's knowledge, every state and territory has a process; it's just that in some states and territories it's more difficult to access than in others?</p> <p>Dr Skerritt: They have a process, but in some states and territories it does require either a formal regulation to be made or a formal permission to be obtained from either the director-general of health and/or the commissioner for police. I wouldn't want to say it's as simple as doing a clinical trial for other substances.</p> <p>Senator STEELE-JOHN: When you say there is a regulation that has to be made, which states and territories are you referring to?</p> <p>Dr Skerritt: I'll have to take that on notice, because the system is changing. We can take that on notice. We always like to check with the states and territories, when reporting on current things under state and territory law, that it's still accurate. Can we take on notice the situation in each state and territory?</p> <p>Senator STEELE-JOHN: If there is a state or territory in which a regulation is required but it has not to this point been created, that would mean that, as of now, there wouldn't be a process until that regulation had been created?</p> <p>Dr Skerritt: Some states and territories can make regulation, not legislation, which has to go through a parliament. Some states and territories can make a regulation, for example, based on a brief with their health minister. What I suggest we do is we document the situation in each state and territory for you on notice.</p>	Page 62-63	10/11/2022
SQ22-000483	Department of Health and Aged Care	Anne Ruston	Aged care facilities in MM areas	<p>Senator RUSTON: Sure. How many aged-care facilities would there be in total in MM 5 to MM 7 areas?</p> <p>Mr Richardson: I would have to take that on notice for a precise number, but I think it would be close to about 400.</p>	Page 104	10/11/2022

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				<p>Senator RUSTON: Could you also, while you're taking that on notice, provide me with advice on how many aged-care facilities with under 30 residents would exist in other MM areas. I'm particularly interested in MM 3 to MM 5. Just as an example, if I'm an aged-care provider with 35 beds in an MM 7, are you saying that I can't apply? There is no scope for me to apply?</p> <p>Dr Hartland: That's right. The exemption, as we said, has been tightly drawn. It's for small facilities in MM 5 to MM 7. There are probably about 350 to 400. We'll give it to you on notice. It's for very small facilities across all MM levels. That would include the 191. My mental maths isn't good enough to give it to you. I've got to table it. I can't add it up quickly enough! We'll give it to you on notice.</p> <p>Senator RUSTON: That's okay. On notice is good</p>		
SQ22-000484	Department of Health and Aged Care	Janet Rice	Defunding of Palliative Care Australia	<p>Senator RICE: I've tried in about three different places in the last couple of days with these questions on the cutting of funding to Palliative Care Australia, the peak body of palliative care. I know it's not in this outcome but the impact that that has on aged care is very significant. Did the department consider the impacts on aged care when defunding the peak body?</p> <p>Prof. Murphy: I think the officials who look after that area aren't here at the moment.</p> <p>Senator RICE: But the peak body has been defunded?</p> <p>Prof. Murphy: There was a competitive process around peak body funding and there was a range of criteria, but I don't have those officials with me because they were allowed to go.</p> <p>Senator RICE: I understand there was a focus on preventative health. If you're the peak body for palliative care, it's a bit hard to focus on preventative health. Nonetheless, did the department consider the impacts on aged care when defunding the peak body?</p> <p>Prof. Murphy: There was a process that was gone through to decide which of the people that were awarded that peak body funding had a stronger or weaker case for it. It would be speculative to go through the details of that process without the relevant officials here.</p> <p>Senator RICE: Did they consult aged-care stakeholders?</p> <p>Prof. Murphy: I'd have to take that on notice.</p> <p>...</p> <p>Senator RICE: Again, I am not an expert on what the process was. But I</p>	Page 105-106	10/11/2022

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				<p>have been told the criteria for the process had quite a good focus on preventative health, that being a really high criteria; if you're the palliative care peak body, that's not something you're going to score highly against. It just seems extraordinary, given the focus on good palliative care, to have the peak body defunded. Can I ask you to take on notice whether the department, the aged-care stakeholders, the aged care part of the department, was consulted in terms of this decision to defund the palliative care peak body.</p> <p>Prof. Murphy: We'll take that on notice.</p>		
SQ22-000485	Department of Health and Aged Care	Alexander Antic	Articles providing scientific evidence that vaccines prevent transmission of COVID-19	<p>Senator ANTIC: Can I ask you this? At the previous Senate estimates hearing, Professor Kelly, you said to me that, in relation to my suggestion that the COVID vaccines don't prevent transmission-which, of course, is a key plank of the mandates-that was 'not a true statement'. It actually was a true statement, though, wasn't it?</p> <p>Prof. Kelly: No, it was not a true statement, in my view.</p> <p>Senator ANTIC: In your view or according to the science?</p> <p>Prof. Kelly: That would be my view based on the science. There is an effect on transmission-</p> <p>Dr Skerritt: There are several publications on transmission.</p> <p>Senator ANTIC: There are many publications which say that they have no impact on transmission, so it's not-</p> <p>Dr Skerritt: And there are many publications that say there's an impact on transmission.</p> <p>Senator ANTIC: But what is that impact? We went through this last time. What is it in real-world terms?</p> <p>Dr Skerritt: It decreases. It is lower now with omicron and lower with delta. With the original ancestral and first couple of strains the impact on transmission was significantly greater. It wasn't as great as the impact on infection. On notice, I'm happy to give you a list of seven or eight articles.</p>	Page 64	10/11/2022
SQ22-000486	Department of Health and Aged Care	Anne Ruston	Schedule of payments	<p>Senator RUSTON: Could you provide on notice the schedule of the supplement payments that you were referring to for the aged-care facilities under 60 residents? You said that there were different rates paid for different facilities and areas; is it possible to get that?</p> <p>Dr Hartland: Yes, I believe they are on our website.</p> <p>Senator RUSTON: I just tried to look them up, but I couldn't find them-that's not to say they're not there, because I'm not the greatest googler. In the workforce survey that was undertaken it said that 20 per cent of</p>	Page 108	10/11/2022

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				<p>aged-care facilities reported that they didn't currently have a nurse onsite 24/7. Of those 20 per cent, how many will be picked up in the exemption? Dr Hartland: We can probably do the calculation. Senator RUSTON: I would be interested to know, of that number-because it is significantly more than the 191-where they were, what they looked like and what their make-up was. Mr Lye: I'm not sure if we have the information about the location of the 80 per cent, but I have a vague memory that the geographic distribution wasn't too bad. I will come back on notice.</p>		
SQ22-000487	Department of Health and Aged Care	James McGrath	Costs relating to nicotine vaping products	<p>1. Referring to question SQ22-000180:</p> <p>The TGA stated that its total budgeted cost relating to nicotine vaping products for 2021-22 was \$3.3 million (\$3,286,840), and across the forward estimates was projected at \$5.1 million (\$5,132,392) in 2022-2023.</p> <p>a. Did the TGA exceed its allocated budget relating to nicotine vaping products in 2021-22?</p> <p>b. Has the TGA, or is it likely to, exceeded its allocated budget relating to nicotine vaping products for 2022-2023?</p> <p>c. To date, how much has been spent by the TGA in costs relating to nicotine vaping products?</p> <p>d. What proportion of the TGA's budget is dedicated to costs relating to nicotine vaping products?</p> <p>e. What are the top five therapeutic goods in terms of TGA resource allocation, providing the budget allocation for each for the 2022/23 financial year?</p>	Written	21/11/2022
SQ22-000488	Department of Health and Aged Care	James McGrath	Investigations and enforcement action taken in relation to nicotine vaping products	<p>2. Can the TGA provide an account of all investigations and enforcement action taken in relation to nicotine vaping products since the introduction of TGO 110, including:</p> <p>a. The number of investigations undertaken from 1 October 2021 to the date of reply;</p> <p>b. The number of investigations that remain ongoing;</p> <p>c. The number of investigations that have been concluded, and:</p> <p>i. Enforcement action taken in response to those investigations;</p> <p>ii. The individuals or companies against whom enforcement action has been taken;</p> <p>iii. The state in which they are located;</p>	Written	21/11/2022

				<p>iv. The offence; v. The location of the offence (or URL and/or social media platform where the offence was online); vi. Where applicable, the number of items seized; vii. The country of origin/manufacture of the products involved in the offence; viii. The penalty.</p> <p>4. Since 1 October, how many parcels containing or suspecting to contain nicotine vaping products (without a valid doctor's prescription) have been referred by the Australian Border Force to the Therapeutic Goods Administration for investigation?</p> <p>Of those referred: a. How many were seized? b. How many were destroyed? c. How many were released to the recipient upon presentation of a doctor's prescription? d. What was the average time (in days) taken between the referral of a parcel by the ABF and resolution by the TGA (seizure, destruction, or release)?</p> <p>6. Since 1 October 2021, how many cases or suspected cases of the illegal supply and/or possession of nicotine vaping products have been referred to the Therapeutic Goods Administration via state and territory regulatory bodies and/or law enforcement? a. How many related to disposable vaping products? b. How many were remitted exclusively to the TGA for investigation and enforcement? c. What was the breakdown of referrals by state and territory?</p> <p>7. Referring back to the TGA's answer to question on notice SQ22-000179, the TGA stated that there had only been two referrals; one from NSW that was remitted to the TGA and one from ACT which led to joint</p>		
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				<p>enforcement activity.</p> <p>a. Is the TGA concerned by the lack of referrals from state and territory authorities.</p>		
SQ22-000489	Department of Health and Aged Care	James McGrath	Laboratory tests undertaken on Nicotine vaping products	<p>3. Since 1 October, how many laboratory tests have been undertaken by the TGA of:</p> <p>a. Nicotine vaping products (where the presence of nicotine is stated on the packaging or device)</p> <p>I. Of these products, how many were found to contain a prohibited ingredient (per TGO 110)?</p> <p>II. What prohibited ingredients (if any) were detected?</p> <p>III. What were the countries of origin/manufacture of these products (represented as a proportion of detections)?</p> <p>b. Vaping products (where the presence of nicotine is not stated, or the packaging or device explicitly states the product does not contain nicotine);</p> <p>i. Of these products, how many were found to contain nicotine?</p> <p>ii. How many were found to contain a prohibited ingredient (per TGO 110)</p> <p>iii. What were the countries of origin / manufacture of these products (represented as a proportion of detections)</p>	Written	21/11/2022
SQ22-000490	Department of Health and Aged Care	Anne Ruston	Consultation with working groups on the design of 24/7 RN policy	<p>Senator RUSTON: Have you consulted on the model that you have put forward tonight so far, or is that something that you will be doing shortly?</p> <p>Dr Hartland: There have been some working groups that have assisted us in the design of AN-ACC that we have done some consultation with, but we haven't had a broad consultation on this.</p> <p>Mr Richardson: We have consulted extensively. We have provided a previous hearing a list of the bodies that we have consulted with. I don't have the full list with me at the moment, but I'm happy to take that on notice and provide that again.</p> <p>Senator RUSTON: Could you do that specifically in relation to your model of exemption? I'm only asking about the MM5-7 decision under 30.</p> <p>Mr Richardson: Yes, I can give you a list of bodies we have consulted with on that.</p>	Pages 108-109	10/11/2022
SQ22-000491	Department of Health and Aged Care	Anne Ruston	Rural, Regional and Remote nursing homes visited by the Minister	<p>Senator RUSTON: I asked on notice when one of the bills was going through if I could be provided with a list of all the rural, regional and remote nursing homes that had been visited personally by the minister. I didn't receive that. Was that request ever passed back to you?</p> <p>Dr Hartland: We don't know the minister's diary.</p>	Page 109	10/11/2022

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				<p>Senator RUSTON: You don't provide the minister with a briefing? Dr Hartland: We don't manage the minister's diary. Senator RUSTON: It was a genuine- Senator Gallagher: I know she has been very active in the aged-care sector. If you look at her social media account, you can see how many aged-care facilities she has visited. I would guess it's a lot more than under the previous administration, considering the output that she's managing to deliver in five months compared to the nine years of the former administration. Senator RUSTON: Are you able to provide that information? I don't expect you to know it. Is it possible to get that information? Senator Gallagher: I will consult with the minister's office and see what can be provided, but my remarks are accurate. I have no doubt that she has visited more than the former aged-care minister did. Senator RUSTON: That wasn't my question. My question was- Senator Gallagher: I'm making a point, because it's quite difficult to sit here and listen to the concern from the former government about what's happening in aged care when you had nine years of not dealing with it. Senator RUSTON: Minister, we're going to be here for a very long time if you keep this up. Senator Gallagher: Well, I'm happy to be. I'm here nine to 11 every day, so it doesn't make a difference to me. Senator RUSTON: If you could take on notice whether you could get that information for me, that would be appreciated, because I had asked for it and hadn't received it.</p>		
SQ22-000492	Aged Care Quality and Safety Commission	Anne Ruston	Regulatory action regarding food	<p>Senator RUSTON: Thank you very much. Finally, on food, what regulatory action would be taken against somebody if they were eventually deemed by you to have been non-compliant and are not responding? Ms Anderson: If it were on food alone, then it might not reach the threshold for a noncompliance notice. It probably would require a direction from us to revise their plan for continuous improvement in relation to food and nutrition</p>	Page 113	10/11/2022
SQ22-000493	Department of Health and Aged Care	James McGrath	Reporting on nicotine vaping products	<p>5. Between 31 December 2021 and 30 June 2022 (the second reporting period for authorised prescribers of nicotine vaping products): a. How many authorised prescribers returned a six-monthly report? b. How many new patients did each authorised prescriber commence on nicotine vaping products during the reporting period?</p>	Written	21/11/2022

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				<p>c. How many total patients did each authorised prescriber treat during the reporting period?</p> <p>d. Where provided, how many units of nicotine vaping products were supplied by each authorised prescriber during the reporting period? Can the TGA provide a complete list?</p>		
SQ22-000494	Department of Health and Aged Care	James McGrath	Nicotine vaping - sales, prescription model, licenses	<p>9. What is the TGA doing to tackle black market vaping sales, which have increased dramatically since the TGA's prescription model began?</p> <p>10. Does the TGA have a plan to increase compliance with the prescription model?</p> <p>a. How is the TGA measuring the effectiveness of its compliance regime?</p> <p>b. What is the compliance objective or KPI in quantitative terms?</p> <p>c. Can the TGA provide an assessment of its performance as it relates to compliance?</p> <p>11. Has the TGA had any further discussions with the Tasmanian Government about removing smoking product licences on Tasmanian pharmacies dispensing nicotine vaping products?</p> <p>12. Please provide an update on any current or recent approaches, or formal applications, from any potential applicants for ARTG listing of a nicotine vaping product, including:</p> <p>a. The applicants.</p> <p>b. The stage at which each is at with their approach or application.</p> <p>13. Does the TGA believe will be an ARTG registered product in the next 12 to 24 months?</p>	Written	21/11/2022
SQ22-000496	Department of Health and Aged Care	James McGrath	MBS codes for smoking	<p>8. How many times have the MBS codes for smoking cessation been accessed since 1 October 2021?</p> <p>a. Please provide a breakdown by code accessed, with totals by month</p>	Written	21/11/2022
SQ22-000497	Aged Care Quality and Safety Commission	Janet Rice	Longest outstanding complaint	<p>Senator RICE: What's the average time between when a complaint is lodged and when it is resolved or dismissed?</p> <p>Ms Anderson: We reported for 2020-21 that our KPI is resolving 80 per cent of complaints within 60 days, and we reported achievement against that KPI of 67 per cent of complaints within 60 days, which is clearly well short of our expectation. The reasons for that include that we have been paying particular attention to the longer-run complaints, which are</p>	Page 114	10/11/2022

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				<p>typically the far more complex ones to resolve. When we close a long complaint, which has been with us for, say, 90 days or 100 days, it moves our average quite considerably. The way in which the KPI is measured actually, quite clearly, pushes down that average with every long complaint that we close. As we are getting to the end of those longer complaints, we fully expect, and have projected, an improvement in our KPI, so that 67 per cent should be turning around, though it has taken a hit. We're doing our level best, including increasing our staffing, to get on top of the rising volumes.</p> <p>...</p> <p>Senator RICE: Can you take that on notice, or is this information publicly available on your website on the length of time of complaints?</p> <p>Ms Anderson: I don't believe we publish that specifically. I'm very comfortable with providing that to you.</p> <p>Senator RICE: What's the longest outstanding complaint?</p> <p>Ms Anderson: I don't know. Some of the complaints have over 15 separate issues in them, and some of those issues are immensely complex. We may resolve 13 of the 15, and then two issues enable or ensure that the complaint remains open until they also are resolved. We do have some complaints which are over 130 days old.</p> <p>Senator RICE: I'm surprised you have ones that are considerably longer than that as well.</p> <p>Ms Anderson: We probably do. I just don't have the chart in front of me.</p> <p>Senator RICE: If you could take that on notice.</p> <p>Ms Anderson: Yes</p>		
SQ22-000498	Department of Health and Aged Care	Janet Rice	Complaints being made public and the process this entails	<p>Senator RICE: Is information about complaints against particular facilities made public in any way?</p> <p>Ms Anderson: No.</p> <p>Senator RICE: Do you think it would be appropriate information for the public to know? It's the flipside of the star ratings, isn't it-the star ratings will tell you that you've got five stars or one star.</p> <p>...</p> <p>Ms Anderson: Then there will be compulsion, or a mandate, about publication of complaints. We can say certain things about them, but if they say certain things about themselves then they're being accountable to their consumers.</p> <p>Senator RICE: That's going to be part of the reporting as part of the star</p>	Pages 114-115	10/11/2022

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				<p>ratings, is it?</p> <p>Ms Anderson: Not star ratings. My understanding is it's part of the suite of areas being considered for requiring providers to report against.</p> <p>Senator RICE: Can you take on notice the details as to what that process entails, in terms of it being considered; I don't want to go into the details now.</p> <p>Ms Anderson: I think that would be for the department.</p>		
SQ22-000499	Department of Health and Aged Care	Anne Ruston	Briefing to Minister on Netball Australia's financial position	<p>Senator RUSTON: Did the department provide a brief to the minister in relation to Netball Australia's financial position in recent times?</p> <p>Mr Godkin: I'm trying to recall whether there was a specific brief. I might have to check the records there. There were certainly some interactions with the office and with some of our partner agencies.</p>	Page 124	10/11/2022
SQ22-000500	Department of Health and Aged Care	Anne Ruston	Contact from Victorian Government to Minister seeking support for a funding commitment for Netball Australia	<p>Senator RUSTON: Has the Victorian government reached out in any way seeking support for this funding commitment from them?</p> <p>Mr Godkin: Not to the department.</p> <p>Senator Gallagher: Not to my knowledge.</p> <p>Senator RUSTON: You might take it on notice, Senator Gallagher, as to whether there was any call to the sports minister in relation to that. I assume there was no call to the ASC?</p> <p>Mr Perkins: I'm not aware that there's been any contact</p>	Pages 124-125	10/11/2022
SQ22-000501	Department of Health and Aged Care	Anne Ruston	Advice to Department of Education in relation to level of physical and sporting activity in national curriculum	<p>Senator RUSTON: Has the Department of Education sought advice from any of you in relation to the level of physical activity and sporting activity that would be an appropriate level within the national curriculum?</p> <p>Mr Wann: I'm not aware of anything in terms of the Office for Sport. I'm wondering in the context of preventive health more broadly-</p> <p>Prof. Murphy: We can take that on notice.</p>	Page 125	10/11/2022
SQ22-000502	Department of Health and Aged Care	Gerard Rennick	Methylpseudouridine	<p>3. Has the OGT studied the impact of Methylpseudouridine on the human body? If not, why not?</p> <p>4. Is Methylpseudouridine impervious to proteolysis?</p>	Written	21/11/2022
SQ22-000503	Department of Health and Aged Care	Gerard Rennick	Vaccine testing	<p>1. Has the Office of Gene Technology performed any toxicity testing on the vaccines yet? If not, why not? Should the OGT be involved given the use of Gene Technology.</p> <p>2. No spike protein was tested in the animal trials. Instead, luciferase was tested. Can the OGT please give its opinion on the quality assurance</p>	Written	21/11/2022

around testing conducted by Pfizer when it ignored including such a vital ingredient?

5. Can the OGT quantify how much the lifespan of mRNA will increase due to the addition 70 adenine nucleotides to the poly tail A? If not, why not?

6. What tests have been conducted to ensure that that proline insertion will actually keep the spike protein in its prefusion shape? If the shape of the spike protein changes then does the OGT acknowledge that any antibodies generated by the vaccine will be ineffective because the spike protein generated by the vaccine will have a different shape to the virus spike protein?

7. Has the OGT conducted tests to determine the degradation and distribution of the lipids and spike protein. If not, why not?

8. The TGA non-clinical report on page 8 says that the spike protein can be created in the endoplasmic reticulum and can either be inserted into the membrane or secreted from the cell. What studies has the OGT undertaken to determine just how much spike protein is secreted from the bodies cells, which organs secrete the most proteins and how those proteins are cleared from the body? If not, why not?

9. When the spike protein is inserted into the membrane of the cell what studies has the OGT undertaken to determine the autoimmune response of the body in regards to disposing of cells that contain the spike protein?

10. Professor Murphy said in estimates that only the spike protein is removed from the cell membrane, and that the cell itself wasn't destroyed. Is this correct? I note the TGA non-clinical reported the vaccine induced a CD8 response that destroy cells infected with viruses.

11. What is the different 5 cap structure in modified RNA – as page 109 FOI 2389-3?

12. Is the 3 cap structure in modified RNA the same as the 3 cap in virus spike protein? If not, what is the difference?

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SQ22-000504	Department of Health and Aged Care	Anne Ruston	PE in the school curriculum	<ol style="list-style-type: none"> 1. Does the Department and the Office of Sport consider physical sport to be beneficial to the broader health of an individual? 2. Does the Department understand the benefits for mental health for students and young adults participating in sport? 3. Has the Department done a cost benefit analysis on investing in physical activity for young students and the habits they continue into their adult years? 4. Has the Department and office of sport had discussions with the Department of Education regarding the importance of physical activity and sport within the public education curriculum? 	Written	22/11/2022
SQ22-000505	Department of Health and Aged Care	Anne Ruston	2032 Olympic games	<ol style="list-style-type: none"> 1. Has the Commonwealth Department been approached by the state Department regarding any other proposed infrastructure expansions for the 2032 Olympics? 2. What are these expansions/projects? 3. What is the funding breakdown approximately for the total expenditure on the 2032 Olympic Games? 4. Does the Department consider it to be appropriate to have a commonwealth games infrastructure oversight body? 5. Has the Department made recommendations to Department of Infrastructure and Transport regarding planning for better public transport access ahead of the 2032 Olympic Games? 6. What consultation has the Department had with the Department of Infrastructure? 7. How will the Department ensure infrastructure funding to regional centres is not diverted to pay for the Olympics, so that regional centres will continue to develop? 	Written	22/11/2022

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SQ22-000506	Department of Health and Aged Care	Anne Ruston	24/7 Nurses	<ol style="list-style-type: none"> 1. How will the funding for 24/7 nurses be provisioned? 2. Will the funding for 24/7 nurse be paid through ANACC to providers? 3. Will the funding amount differ on the size, and the location of the provider? If so, could details of how the funding amounts will differ be provided. 4. If a provider applies for an exemption to the 24/7 RN requirement, will that provider still receive the ANACC funding associated with the requirement? 	Written	22/11/2022
SQ22-000507	Department of Health and Aged Care	Anne Ruston	Home care workforce	<ol style="list-style-type: none"> 1. What are the workforce shortages for the home care sector? Can this number please be broken down by each state and territory? 2. How many home care packages are not able to be granted because of the current workforce shortages? 3. How many older Australians are not receiving their allocated, or accurate home care package, and are on a lower level than they should be because of workforce shortages? 	Written	22/11/2022
SQ22-000508	Department of Health and Aged Care	Anne Ruston	Home care packages	<ol style="list-style-type: none"> 1. How many older Australians are currently waiting for a home care package? 2. How many additional home care packages were announced in the March 2022 Budget? 3. How many additional home care packages were announced in the October 2022 Budget? 4. As of July 2022, how many people had home care packages in Australia? Can this be broken down by number of home care packages in each state and territory? 5. What is the average number of people moving from a home care package to an aged care facility each month? 	Written	22/11/2022

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				6. How many people waiting for a package now have been offered some type of support		
SQ22-000509	Department of Health and Aged Care	Anne Ruston	ACCO providers	<p>1. How many ACCO providers are there?</p> <p>2. What proportion of aged care residents live in an ACCO?</p> <p>3. In regard to the Aged Care Bill that passed in July this year, a group of ACCO's were added to a list of 'exempt' providers. Since the Bill's passage, how many ACCOs have been added to the list?</p> <p>4. How many ACCO providers have been sanctioned by the regulator in the last 12 months?</p>	Written	22/11/2022
SQ22-000510	Department of Health and Aged Care	Anne Ruston	Deaths in aged care facilities	<p>1. How many residential aged care facilities across the country currently have a Covid outbreak?</p> <p>2. Why did the Department of Health's weekly "COVID-19 outbreaks in Australian residential aged care facilities" data reporting change in July?</p> <p>3. Did the Department receive any advice that said the reporting needed to change?</p> <p>4. Who provided the Department with that advice?</p>	Written	22/11/2022
SQ22-000511	National Blood Authority	Gerard Rennick	COVID-19 vaccines and blood bank and blood transfers/transfusions	<p>1. Is the National Blood Authority able to test for Covid antibodies found in stored samples from the second half of 2019?</p> <p>2. Does the National Blood Authority keep blood samples from the second half of 2019?</p> <p>3. How much would it cost for the blood bank to test for Covid antibodies from the period?</p> <p>4. Professor Murphy said in estimates that there were no spike proteins in the blood. Yet Professor Skerrit said in an earlier round of estimates the spike proteins travel throughout the circulation. Given the confusion between two leaders in the Health Department what confidence can people have that there are absolutely no spike proteins in the blood when it is donated to the Red Cross?</p>	Written	21/11/2022

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				<p>5. What confidence can people have that there is absolutely no cationic lipids in the blood when it is donated to the Red Cross three days after receiving a Covid vaccine? It is noted that lipids were still increasing in the body organs of rats after two days.</p> <p>6. What evidence/studies are there that the covid-19 'vaccine' or part there-of, does not transfer from donor blood to the blood transfusion recipient via the transfusion and in the event it does, that there is no short- or long-term risks of any adverse events/reactions related to the Covid-19 'vaccine' to the recipient (which have been seen in thousands of 'vaccinated' individuals globally.)</p> <p>7. Is the National Blood Authority familiar with the TGA non-clinical review and other studies that have shown that lipids and spike proteins stay in the body much longer than 3 days? If not, why are they confident there are no spike proteins in the blood 3 days after receiving a Covid vaccine?</p> <p>8. What measures does the Red Cross/CSL take to ensure that all spike proteins and lipids from the Covid-19 vaccine are removed from the blood?</p> <p>9. Can people elect to donate blood in advance to store for later use and if so, could the necessary steps please be outline?</p>		
SQ22-000512	Department of Health and Aged Care	Anne Ruston	Winter preparedness plan	<p>1. Why did the Minister for Aged Care release her winter preparedness plan halfway through Winter (19 July 2022)?</p> <p>2. What sector consultation was undertaken ahead of the winter preparedness plan being released on the 19th of July?</p> <p>3. Can the dates of this consultation please be included</p> <p>4. Has the Department evaluated the winter preparedness plan released 19 July 2022?</p> <p>5. What criteria was the winter preparedness plan released 19 July 2022</p>	Written	22/11/2022

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				evaluated against?		
				6. Can this evaluation be made public?		
SQ22-000513	Department of Health and Aged Care	Anne Ruston	COVID funding package	<p>1. After July next year, will any Commonwealth residential aged care facilities have access to funding support for covid measures?</p> <p>2. Where is this funding outlined in the Budget Papers? Can the Budget Paper number and page number please be provided.</p> <p>3. With reference to Budget Paper 2 page 119, "COVID-19 Package – aged care", \$810.2 million IS for claims made by aged care providers for additional costs incurred due to COVID-19 outbreaks that occur until 31 December 2022. How do providers lodge a claim to access this funding?</p> <p>4. What are considered relevant 'additional costs' that providers are able to be reimbursed for?</p> <p>5. What proportion of the \$810.2 has be spent so far?</p> <p>6. What proportion of the \$810.2 has gone to regional, rural and remote providers?</p> <p>7. What proportion of the \$810.2 has gone to small providers?</p> <p>8. Why was \$0.3 million provided to extend the operation of the Victorian Aged Care Response Centre from 30 June 2022 to 30 September 2022 to enable the continued support of residential aged care facilities to manage COVID-19 outbreaks in Victoria during Winter 2022?</p> <p>9. Why is Victoria the only state that has this additional service?</p>	Written	22/11/2022
SQ22-000515	Department of Health and Aged Care	Anne Ruston	Aged care - complaints and the new Inspector General role	<p>1. How are complaints handled by the Department when they are lodged? What process does the Department follow? Can a copy of this process be provided.</p> <p>2. What is the role description for the new Inspector-General of Aged Care and the Office of the Inspector-General?</p>	Written	22/11/2022

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				<p>3. Who will the Inspector General report to?</p> <p>4. What unique work will the office of the Inspector General do, that is not already being done?</p> <p>5. What will the \$38.7 million announced in the Budget be spent on?</p> <p>6. When will the inspector general be appointed and the office established?</p> <p>7. Will the Inspector General of Aged care be a cabinet appointed position?</p> <p>8. How long is the term for the inspector general of aged care?</p> <p>9. What will the inspector general's remuneration be?</p>		
SQ22-000516	Aged Care Quality and Safety Commission	Anne Ruston	Role of new Aged Care Complaints Commissioner and New Inspector General Role	<p>1. What is the role of the new Aged Care Complaints Commissioner?</p> <p>2. What is the division of responsibility between the Department of Health and Aged Care, the Aged Care Quality and Safety commissioner, the Aged Care Complaints Commissioner and the inceptor general of Aged Care?</p>	Written	22/11/2022
SQ22-000521	Department of Health and Aged Care	Gerard Rennick	Vaccination stopping transmission and infection	<p>1. Can the Health Department provide studies proving the IgA levels increased in the mucosal system as a result of receiving the Covid vaccine? A Pfizer executive said in a hearing before the European Parliament that no testing was done on the vaccine stopping transmission before going to market. Why did ATAGI and or other health authorities claim the vaccine was going to stop transmission when there were no studies done (as per non-clinical report at least) showing an IgA response? The animal trials in the TGA Non-clinical evaluation reports did not show any testing to measure antibody levels in the mucosal system at all.</p> <p>2. With over 10 million Covid cases in Australia in 2022, will the TGA and Health Department acknowledge the vaccines were not effective in stopping transmission and infection?</p>	Written	21/11/2022

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				<p>3. In August 2021 when approving the Moderna vaccine, while standing next to the prime minister at Parliament House, John Skerritt made a patently false - and what's more, a ludicrously false - claim about its effectiveness. It was a claim that has not been withdrawn or 'clarified' by the TGA since. It throws into serious question the competence of the TGA and our ability to trust it to provide effective regulation of the vaccines and Covid medications more broadly. These are his exact words, taken from the transcript of the press conference at the PM's website. "Moderna is even after six months, it's proving to be 93 per cent efficacious against any infection, 98 per cent against severe disease and 100 per cent against death". Given the rate of infection, and reported death from the Moderna vaccine with John Skerritt apologise for misleading the Australian public about the effectiveness of the Moderna vaccine?</p>		
SQ22-000522	Department of Health and Aged Care	Gerard Rennick	Conflict of interest for Professor Skerritt and TGA Advisory Committee on Vaccines	<p>5. I note Professor Skerritt is currently Vice-Chair of the International Coalition of Medicines Regulatory Authorities and Chair of the Scientific Advisory Council of the Centre for Innovation in Regulatory Science – do these organisations receive money from pharmaceutical companies? If so, then isn't there a conflict of interest in Professor Skerritt holding these positions?</p> <p>6. I note that a number of members on the TGA's Advisory Committee on Vaccines work for organisations that receive significant funding from big pharmaceutical companies. How is this not a conflict of interest?</p>	Written	21/11/2022
SQ22-000523	Department of Health and Aged Care	Gerard Rennick	COVID Vaccination or mRNA vaccine added to the childhood immunisation register	<p>7. Will the TGA/ATAGI be adding Covid vaccines or any mRNA vaccine to the childhood immunisation register? I note the CDC voted to do this 15-0.</p>	Written	21/11/2022
SQ22-000524	Department of Health and Aged Care	Gerard Rennick	Side effects, adverse injuries and death due to COVID-19 vaccinations	<p>8. Has any safety testing been carried out in either humans or animals to determine the side effects of receiving 5 mRNA vaccines?</p> <p>9. How is it that any deaths with a positive covid test is classed as a Covid death regardless of cause while any death after a vaccine isn't classed as a vaccine death? Given the vaccine is still only provisionally approved shouldn't all deaths with 6-8 weeks of receiving a vaccine be treated as a vaccine death until proven otherwise?</p>	Written	21/11/2022

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				<p>10. What are the criteria for a death to be linked to a vaccine?</p> <p>11. Health advice says the benefits outweigh the risks on having 3 jabs as a 16+ year old person who is otherwise healthy? Where are the trials/numbers that support this statement and how can the TGA/ATAGI say this when longitudinal, carcinogenic, genotoxicity and numerous other tests were not carried out?</p> <p>12. Severe adverse injuries were only counted by Pfizer in their Covid-19 trial up to 1 month after 2nd jab leading to the number of vaccine injuries being understated. "Limitations of our study include that Pfizer's SAE table did not include SAEs occurring past 1 month after dose 2. This reporting threshold may have led to an undercounting of serious AE' in the Pfizer study" – Why does the TGA believe this is acceptable Quality Assurance when Professor Skerritt said on the Today show in early 2021 that serious injuries could occur up to 8 weeks after the vaccine?</p> <p>13. What is the adverse injury run rate that the TGA considers acceptable for a safe vaccine/drug? What are the benchmarks for proving it was safe?</p> <p>14. I note that the 6-month data from the Pfizer trials 20 people died in the inoculation group while 15 died in the placebo group. 5,241 had related adverse events in the vaccination group against 1,311 in the placebo group – 300% more, 262 had severe adverse events (interferes significantly with normal function) in the vaccination group v 150 in the placebo group – 75% more and 127 had a serious adverse event (hospitalisation or visit to ER) v 116 in the placebo group which is 10% more – so where exactly does the TGA and other health authorities come up with the statement that the vaccine was actually proven to be safe and effective?</p>		
SQ22-000525	Department of Health and Aged Care	Gerard Rennick	mRNA break down in the body	15. The TGA/ Prof Skerritt has previously said the mRNA breaks down in minutes to hours yet they quote the International Coalition Medicines of Regulatory Agencies in FOI 3220 which says mRNA can break down in weeks after vaccination – so which is it and why is there such variation in understanding?	Written	21/11/2022

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				<p>16. When does the mRNA actually break down - it's been shown to hang around for 60 days and when does the spike protein break down - and when do the lipids break down- is there a definite end date - if not why not?</p> <p>17. When do the spike proteins created by vaccine mRNA break down – studies have shown they remain in the body up to 15 months after the shot?</p>		
SQ22-000526	Department of Health and Aged Care	Gerard Rennick	Protocols for reporting vaccine injuries and deaths	18. What protocols does the TGA to ensure that the state health departments reports vaccine injuries and deaths to them?	Written	21/11/2022
SQ22-000527	Department of Health and Aged Care	Gerard Rennick	Vaccine related adverse events reports	<p>19. I have previously asked why does the TGA override doctors who have lodged adverse event claims of death and the TGA replied - "The premise of the statement by the Senator is wrong. Reporting of an adverse event to the Therapeutic Goods Administration (TGA) does not mean that the reporting doctor considers that it was caused by a vaccine." This reply is unsatisfactory. If they have ticked the box "suspected" it means they do consider the vaccine contributed to the death - SQ22-000105. To quote one doctor "Doctors and nurses only report suspected drug reactions to the DAEN. We do not have the time to waste reporting a broken leg as an adverse drug reaction. The DAEN report takes about 20-30 minutes and we are very aware, having to put our name to the reports, that the report could be used against us if we were to be found making vexatious, superficial or spurious reports.</p> <p>20. All drug reactions reported by doctors and nurses are therefore suspected to be linked to the drug, by definition. That is what the DAEN is for. It says it on the front page of the reporting section (see screenshot).¹ Why is the TGA downplaying reported deaths from vaccines and in doing so is acting negligently?</p> <p>37. Studies are now showing negative efficacy with vaccination in regards to hospitalisation and death from 6-20 weeks after the vaccine. What does the TGA have to say about the long term safety and cost benefit analysis of the vaccine?</p> <p>38. How long does it take to investigate an adverse event report?</p>	Written	21/11/2022

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				39. I note the TGA have around 60 staff looking at adverse events – was this enough given the large number of reported injuries. This would have given staff approximately 30 minutes on average to investigate every injury – how was this enough time to investigate thoroughly?		
SQ22-000528	Department of Health and Aged Care	Gerard Rennick	WHO 'Causality Assessment'	21. The latest WHO "Causality Assessment" is dated back to 2019 (9789241516990-eng.pdf (who.int) prior to the "pandemic" and introduction of mRNA technology. It is out of date for mRNA technology – why is the World Health Organisation using a more update assessment?	Written	21/11/2022
SQ22-000529	Department of Health and Aged Care	Gerard Rennick	COVID-19 Vaccine deaths	<p>22. Of the more than 900 reported Covid vaccine deaths, how many have been subject to causality assessments or autopsies to determine if they were caused by the vaccine?</p> <p>23. Shouldn't every suspected death be reported to the coroner for greater analysis rather than rely on a hands-off TGA report for relevance to the vaccine?</p> <p>24. Can the TGA please provide all paperwork relating to reported deaths from the vaccine. Name can be redacted. Data can be provided via a softcopy.</p> <p>25. Is the TGA willing to have an audit conducted on the review of deaths by the vaccine – if not, why not?</p> <p>26. If a reported death occurs within 14 days after receiving a vaccine was this considered a vaccinated or unvaccinated case by the TGA? i.e. are all suspected deaths reported to the TGA regarded as vaccine death regardless of the time between the date of death and date of vaccine?</p> <p>27. Actual deaths per month jumped dramatically after the rollout of the Covid vaccine in May 2021, yet before Covid was even in the community. This is an extremely strong temporal signal that the vaccine is causing an increase in deaths. Why is the Health Department/TGA discounting the fact that the increase in actual deaths throughout 2021 are not related to the vaccine?</p> <p>28. When the death rate is broken out by age the increase in deaths is</p>	Written	21/11/2022

			<p>actually over 10% from May 2021 for 75 and older cohorts. -Given the Pfizer vaccine wasn't tested on people older the 75 (in any significant numbers - See Table 1 2389-1) why is the TGA continuing to roll out the jab given real world evidence is suggesting an extremely strong correlation/causation with deaths in older people?</p> <p>29. Are deaths being tracked by vaccination status? This would indicate whether or not excess deaths are being driven by the vaccinated or unvaccinated, wouldn't it?</p> <p>30. Is the time between death and time from vaccination status being recorded – if not why not – this is still a provisional vaccine? If so, can the TGA please provide an excel spreadsheet of deidentified data showing date of vaccination and date of death for deaths in Australia since the rollout of the vaccine began?</p> <p>31. How many reported deaths died within 2, days, 14 days, 30 days and 60 days of taking the vaccine?</p> <p>32. Are only fully paid TGA staff assessing vaccine deaths or has this been outsourced to other agencies? If so, do these agencies have conflicts of interest?</p> <p>33. Please provide the methodology used by the TGA that justifies discrediting (99%) of the reports made by health professionals on behalf of their dead patients that the cause of death resulted from the vaccines?</p> <p>36. Does the TGA or State or Territory health departments require autopsies to be performed on persons dying at any time post COVID-19 vaccination? If not, why not?</p> <p>40. Why does the TGA believe that the deaths reported to the DEAN are false and misleading (AFN factcheck 03/09/2022) - these reports are ticked as suspected and over 70% come from health professionals - what right does the TGA have to dismiss them?</p>	
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SQ22-000530	Department of Health and Aged Care	Gerard Rennick	Autoimmune and prion diseases	<p>34. Why are diabetes deaths up 20% and dementia deaths up around almost the same amount. Isn't this indicative of autoimmune and prion diseases?</p> <p>35. Given the rapid rise in Diabetes, and the fact the Diabetes 1 is an autoimmune disease are you concerned that the vaccines which induce an autoimmune response is the cause of it? If not, why is the TGA discounting an alarming safety signal?</p>	Written	21/11/2022
SQ22-000531	Department of Health and Aged Care	Anne Ruston	ICT upgrades and budget	<p>1. Can the Department itemise the breakdown of the \$312.6 million measure announced in the Budget for ICT upgrades?</p> <p>2. How much will be spent on internal IT upgrades versus IT upgrades to systems that providers use?</p> <p>3. What proportion of the funding will go to the Quality and Safety Commissioner?</p>	Written	21/11/2022
SQ22-000532	Department of Health and Aged Care	Gerard Rennick	Placebo used in the Pfizer Covid-19 vaccine trial?	41. What was the placebo used in the Pfizer Covid-19 vaccine trial?	Written	21/11/2022
SQ22-000533	Department of Health and Aged Care	Anne Ruston	Netball Australia	<p>1. What dialogue did Netball Australia and the Victorian Government (including Visit Victoria) have with the Federal Office of Sport?</p> <p>2. Did Netball Australia have any correspondence with the Minister for Sport prior to the Victorian Government announcement to fund Netball Australia?</p>	Written	21/11/2022
SQ22-000534	Department of Health and Aged Care	Gerard Rennick	FOI requests to TGA	42. Why isn't the TGA disclosing all FOI requests that have been granted (and not granted) to the disclosure log? I have been emailed a large number of FOI's that the TGA has not published. Why is the TGA hiding these disclosures?	Written	21/11/2022
SQ22-000535	Department of Health and Aged Care	Gerard Rennick	Pfizer vaccine and adverse effects	43. In the post marketing report on page 6 it says "Pfizer has also taken multiple actions to help alleviate the large increase of adverse event reports. This includes significant technology enhancements, and process and workflow solutions, as well as increasing the number of data entry and case processing colleagues. To date, Pfizer has onboarded approximately 600 additional fulltime employees (FTEs). More are joining each month with an expected total of more than 1,800 additional	Written	21/11/2022

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				resources by the end of June 2021." Surely if the vaccine was safe and effective Pfizer wouldn't need to employ an additional 1,800 staff to deal with adverse events? Isn't this in itself a concerning safety signal?		
SQ22-000536	Department of Health and Aged Care	Gerard Rennick	Spike protein and adverse events and long-term persistence	<p>45. As per the TGA non-clinical report, there are no data on the kinetics of BNT162b2 mRNA degradation (page 10). There are no distribution and degradation data on the S antigen-encoding mRNA. (Page 4) How can Health Authorities claim the vaccines are safe when no comprehensive testing was carried on the spike protein which has known toxic properties?</p> <p>46. Studies are showing the long-term persistence of the spike protein in various body organs. Why is the TGA ignoring this and more importantly continuing to promote the vaccine as safe and effective when the side effects are not understood and there is ample evidence of adverse events?</p> <p>47. Given studies are showing the long-term persistence of the spike protein in various body organs, how can the TGA prove long Covid isn't a result of the vaccine and not the virus? Are long covid tests being carried out to determine if the cause of the injury is from the vaccine or the virus? Are medical biomarkers such as the N protein and Methylpseudouridine being tracked to determine cause of long Covid?</p>	Written	21/11/2022
SQ22-000537	Department of Health and Aged Care	Gerard Rennick	Long COVID and vaccination status	48. Is long Covid being tracked by vaccinated status? If not, why not?	Written	21/11/2022
SQ22-000538	Department of Health and Aged Care	Gerard Rennick	Use of pseudouridine in vaccines	<p>49. The use of pseudouridine in mRNA vaccines was developed as a very recent concept and its long-term effects are unknown. It has however been known for 10 years that the use of pseudo-U causes the stop codons (required to stop adding amino acids to a protein chain) to malfunction, thereby elongating the protein chain and risking translation of the next segment (the 3'UTR) (Karijolic 2011). The effects of this are unknown and cannot be known without specific experiments to address the issue. When did the TGA become aware that the synthetic nucleotide pseudouridine was being used rather than the natural uridine and what testing did it undertake to ensure that it was safe to use?</p> <p>50. Studies have shown the psuedouridine has a higher translation error</p>	Written	21/11/2022

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				<p>rate than uridine. Wasn't it reckless to roll out the vaccine knowing that? Improving the fidelity of uridine analog incorporation during in vitro transcription bioRxiv https://www.biorxiv.org/content/10.1101/2022.04.12.488100v1</p>		
SQ22-000539	Department of Health and Aged Care	Gerard Rennick	Batch testing and contamination/degradation	<p>52. FOI 3471 shows contamination in the batches. Why didn't the TGA undertake whole genome sequencing on the batches when it was an obvious way to look for contamination?</p> <p>53. As per the TGA FOI disclosure log that some batches had up to 40% degraded mRNA – what are the potential risks of degraded mRNA in the body and what studies were carried to determine the safety of degraded mRNA?</p> <p>54. How does the TGA know degraded mRNA isn't going to produce toxic proteins?</p> <p>55. How did the TGA undertake batch testing. Are all vials tested and what were the benchmarks especially in regards to tolerance levels?</p> <p>56. Did the Covid-19 vaccine trial undertaken by Pfizer use batches made via the commercial process or the laboratory process? Are there trials undertaken by Pfizer using the commercial process and if so can they be provided?</p> <p>57. Can the TGA report batch numbers by number of reported adverse events and reported deaths so people can see which batches had the highest rate of adverse events?</p> <p>58. Could the TGA please provide evidence that the Covid vaccine batches had the same purity in Australia as what was stated in the manufacturing facility. Could documentation of the signatures and percentage of intact mRNA by both the manufacturer and the TGA please be provided?</p> <p>59. Why did the TGA approve batches with as low as 60% integrity and how can it guarantee safety of those batches from degraded mRNA and further degradation after transport?</p>	Written	21/11/2022

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				<p>60. Why is the integrity level of batches commercial in confidence? This is a safety issue that Australians should be aware of it is it not?</p> <p>61. If a batch is only 60% intact and each vial contains 5 doses how can the TGA be sure that every person is getting a consistent dose?</p> <p>62. FOI 2389-3 page 110 Table 2 says concentration depends on batch size? How can the TGA be sure that every person is getting a consistent dose?</p>		
SQ22-000540	Department of Health and Aged Care	Gerard Rennick	T-cells and mRNA vaccinations	<p>63. Is it possible that the extreme length of the poly-A tail is contributing to longevity. The Roltgen cell paper (https://www.sciencedirect.com/science/article/pii/S0092867422000769) shows mRNA at 60 days post injection still producing spike antigen. Won't this lead to t-cell exhaustion, as well as risking p53-dependent carcinogenesis risk? Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination (cell.com)</p> <p>64. Doesn't the pathway used by the mRNA vaccine to instruct the body cell's to produce a toxic spike protein increase the risk of harm to the body? Isn't the name of the game to kill the pathogen rather than reproduce it on an unknown time basis?</p> <p>65. Does the vaccine induce an autoimmune response – either by T-cells attaching your own cells or white blood cells attacking protein (whatever its form) created by the vaccine and exported from the cell?</p>	Written	21/11/2022
SQ22-000541	Department of Health and Aged Care	Anne Ruston	Aged care budget announcements and funding	<p>1. In regards to the Budget announcement and the "\$485.5 million to provide up to 20,000 additional university places to tackle skills shortages and give more students from under-represented backgrounds the chance to go to university. The additional places will be allocated over two years from the start of 2023 and will be targeted at areas of skills shortage like education, health, engineering, and technology." How many of these places will be allocated to health and aged care professions?</p> <p>2. Is there any additional funding in the Budget to assist nurses' peak bodies, or aged care providers to upskill their current workforce of enrolled nurses or nurse practitioners? Can the relevant budget paper</p>	Written	21/11/2022

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				<p>page number please be provided.</p> <p>3. Was every aged care facility in Australia eligible for the first year of ANACC funding to transition from the ACFI model to the ANACC funding model?</p> <p>4. Has every aged care provider used the additional funding to hire and recruit more staff in anticipation for the care minute requirements coming in next year?</p> <p>5. What is the \$43.8 million to expand eligibility for the Australian National Aged Care Classification Transition Fund announced in the Budget for?</p> <p>6. Why is the funding only profiled for three years? 5. Who is this new funding going to be targeted to?</p>		
SQ22-000542	Department of Health and Aged Care	Gerard Rennick	Studies on lipid's and biodistribution	<p>66. Studies carried out on the lipid in rat trials showed it entered most body organs. Given that lipid concentrations were still increasing in most body organs, most notably the ovaries where it doubled from day 1 to day 2, why did the TGA not request more testing from Pfizer to determine just how long the lipids stay in the body before approving their vaccine?</p> <p>67. How can the TGA guarantee that lipids that have entered body organs won't damage those organs without longitudinal testing?</p> <p>68. Why were biodistribution studies stopped after 9 days when it has been shown that mRNA, Lipids and spike proteins had been found in the body up to 60 days after the second vaccination? How can the TGA say with any confidence what the lifespan of the spike protein if they never tested it? Why didn't the sponsor continue the trials given concentrations were increasing?</p> <p>69. Why were no biodistribution studies performed with the spike protein?</p> <p>70. Has the TGA now got comprehensive and exhaustive data that determines how long the lipids stay in the body. If not, then why are they</p>	Written	21/11/2022

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				<p>allowing the rollout of the vaccine to continue?</p> <p>75. Why is the lipid travelling around the body in increasing concentrations when many Health professionals said it would stay at the injection site?</p>		
SQ22-000543	Department of Health and Aged Care	Gerard Rennick	Department's letters to GPs about pathology testing	154. Why has the Department of Health (DoH) sent correspondence to the RACGP flagging a campaign to 'reduce GP requesting of combinations of MBS pathology items where there is no clinical indication of a serious illness and where pathology tests are unlikely to support diagnosis or management of the patient's health concern'? Why is the Department of Health putting pressure on GPs to take shortcuts when diagnosing patients?	Written	21/11/2022
SQ22-000544	Department of Health and Aged Care	Gerard Rennick	COVID-19 contraction and vaccination risk of multi-inflammatory diseases	<p>155. There are almost 20,000 serious injuries to date out of 20 million recipients in a 12-month period since the rollout began. This is an injury rate of 1 in 1000 people who have received the vaccine. This higher than the 1 in 3000 Prof Skerrit mentioned in regard to multi-inflammatory disease and also the few in a million side effects he quoted with John Laws. Given the rate of serious injury from the Covid-19 vaccine shouldn't they be withdrawn?</p> <p>156. What is the source of Prof Skerritt's claim that Covid-19 causes multi-inflammatory disease in 1 in 3000 children? Can the source please be provided?</p> <p>192. According to Moderna serious adverse events were recorded at 1 in 200 for 6 months to 5 years yet the TGA still approved this jab. Why did they do that knowing that the risk of the jab was 15 times greater than multi-inflammatory disease? I note factcheckers are claiming some of the trial participants already had underlying issues and that only 1 was an adverse event. This is still 1 in 1760 which is higher than 1 in 3000. https://www.nejm.org/doi/full/10.1056/NEJMoa2209367</p>	Written	21/11/2022
SQ22-000546	Department of Health and Aged Care	Anne Ruston	PALM Scheme and other workforce measures	<p>1. In regard to the extension to the PALM scheme, could the Department outline where that extension was in the Budget and how much it will cost?</p> <p>2. How many aged care nurses will be working in Australian aged care homes as a result of this measure? Can this be broken down by how many will be registered nurses, enrolled nurses, nurse practitioners or personal carers?</p>	Written	21/11/2022

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				<p>3. How many additional nurses will be trained in Australia to complete their certification to become a personal carer?</p> <p>4. How many additional nurses will be trained in Australia to complete their certification to become a registered nurse?</p> <p>5. Will the PALM scheme act as pathway to visa?</p>		
SQ22-000547	Department of Health and Aged Care	Gerard Rennick	Geneticists reviewing genotoxicities of COVID-19 vaccines	159. How many geneticists or other relevant specialists did the TGA have in 2020/21 reviewing the genotoxicity of the vaccine? Surely Genotoxicity studies should have been carried out given this was a gene-based vaccine?	Written	21/11/2022
SQ22-000548	Department of Health and Aged Care	Gerard Rennick	Contracts and conflicts of interests with Pfizer	<p>161. "Pfizer has asked a U.S. court to throw out a lawsuit from a whistleblower who revealed problems at sites that tested Pfizer's COVID-19 vaccine. Pfizer stated that the regulations don't apply to its vaccine contract with the U.S. Department of Defence because the agreement gives contract holders the ability to skirt many rules and laws that typically apply to contracts." Pfizer Moves to Dismiss Lawsuit From COVID-19 Vaccine Trial, Citing 'Prototype' Agreement (theepochtimes.com) - Has Australia signed a Covid-19 contract with Pfizer that has similar conditions?</p> <p>162. Why are you penalising Australians \$10,000 of dollars for importing Ivermectin worth \$40 but doing nothing about Pfizer not living up to its promise about the safety and efficacy of the vaccine?</p> <p>165. Can the TGA provide all correspondence with Pfizer regarding the Covid vaccine in regards to purchase agreements, testing and safety concerns?</p> <p>183. Is the vaccine injury scheme going to be updated to include additional side effects that have been reported to the TGA by Health Professionals rather than Pfizer who have a conflict of interest in reporting side effects from their own drugs?</p> <p>191. The normal default for contracts is to reserve a "right" to buy. Are these the terms the Pfizer Covid vaccine contract was based on, or do have an "obligation" to buy the Covid vaccines regardless of performance? If so, why did the health department deviate from the normal procedure for a contract that covers Australia's needs many times over, for a period where all would already be vaccinated (2022 and 2023).</p>	Written	21/11/2022

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				262. The contract between Pfizer and the US government prohibits independent researchers from studying the vaccines. They claim it would 'divert' these precious resources away from their intended use fulfilling an 'urgent' need. Is this true? If so, then why is Pfizer hiding from independent scrutiny?		
SQ22-000549	Department of Health and Aged Care	Gerard Rennick	Data and studies on spike proteins and endoplasmic reticulum	<p>71. Has the TGA now got comprehensive and exhaustive data that determines how long the body produces the Spike protein. If not, then why are they allowing the rollout of the vaccine to continue?</p> <p>72. Has the TGA now got comprehensive and exhaustive data that determines how long the spike protein or any other related prions, mutations stay in the body and by body organ type. If not, then why are they allowing the rollout of the vaccine to continue?</p> <p>73. Do expressed spike proteins stay in the cell membrane or are they secreted via exosomes?</p> <p>74. The ribosomes on the endoplasmic reticulum produce protein for export while ribosome in the cytoplasm produce proteins for use inside the cell. Given the TGA non-clinical report says the spike protein is produced via the endoplasmic reticulum then isn't evidence that spike proteins will be exported from the cell and potentially re-enter the circulatory system?</p> <p>76. Which part of the mRNA code tells the mRNA to attach to the Endoplasmic Reticulum?</p> <p>77. What evidence does the TGA have that the spike protein doesn't go into the nucleus – the delivery of the spike protein was never tested. There were no studies carried out so how would the TGA know with 100% certainty the mRNA or the spike protein doesn't enter the nucleus?</p> <p>78. Is there any evidence that the spike protein does not inhibit the P53 gene? Were studies carried out to prove this?</p> <p>79. "Another study revealed that extracellular vesicles decorated with S-proteins persist up to 4 months after vaccination... This raises the</p>	Written	21/11/2022

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				<p>possibility that LNP–mRNA remain in circulation for extended periods of time, retaining their ability to induce S-protein expression....". Does the TGA refute this study? https://www.mdpi.com/2227-9059/10/7/1538/htm</p> <p>87. Have studies been conducted by the TGA to determine if the spike protein interferes with oocytes?</p>		
SQ22-000550	Department of Health and Aged Care	Gerard Rennick	Lipids found in vaccines	<p>80. In the prior set of estimates Prof Skerrit said that the lipids used in the vaccine are like the lipids you have in a steak for breakfast. This is not the case – as per Pfizers own website they are special ionised lipids designed to cross the cell membrane. Will Prof Skerritt withdraw his prior remark?</p> <p>81. Lipids are hydrophobic not hydrophilic - by cationising them you have completely changed their characteristics from inactive to active -why did Prof Skerritt mislead the senate when he said the lipids were like the lipids you find in sausages/steak for breakfast?</p> <p>82. Given these lipids are ionised and therefore an active ingredient what studies have been undertaken to ensure they were not harmful to the human body?</p> <p>83. What studies were undertaken to ensure that the cationic lipids don't create reactive oxygen species which can cause irreversible damage to DNA?</p> <p>84. If the ionic lipids can enter any cells via electroporation or transfection then aren't they more infectious than the virus which can only enter cells that contain ACE and TMPRRS enzymes that facilitate the virus entering the cell?</p> <p>85. Can the lipids enter both white and red blood cells? I note that lipids entered both the spleen and bone marrow in the rat studies?</p> <p>86. Given the lipids are taken up by the ovaries what guarantees can the TGA give that eggs are not being damaged. Obstetricians are reporting that they are seeing clusters of low Anti-Mullerian Hormone (AMH) levels in young women</p>	Written	21/11/2022

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				95. The bone marrow, spleen, and lymph nodes are responsible for producing white blood cells and regulating the while blood cells in the blood and the lymphatic system. Given that lipids can enter these organs and induce an autoimmune response against the cells in these body organs isn't there a serious risk that the vaccine can induce autoimmune diseases? ‘		
SQ22-000551	Department of Health and Aged Care	Gerard Rennick	Post marketing surveillance data by the Therapeutic Goods Administration (TGA)	163. Hasn't Pfizer and Co broken the Therapeutic Goods Act 1989 by failing to report all the adverse events from their trials and post marketing surveillance (refer to patient records)? Under paragraph 28(5)(ca) of the Act, you MUST retain records pertaining to the reporting requirements and safety for your medicine. (page 29 of 44) 164. What is the legislation that details the TGAs responsibilities in regard to post market safety surveillance data? Why hasn't the TGA sought to allay the publics fear over data that shows an alarming number of adverse events and poor quality assurance practices? 202. Does the TGA do post marketing surveillance at all over and above that of the sponsor? If not, why not? What is the point of having an independent regulator if it doesn't do independent safety testing?	Written	21/11/2022
SQ22-000552	Department of Health and Aged Care	Gerard Rennick	AusVax safety data and reported side effects	166. The AusVax safety data showed over 5 million people reported side effects 3 days after taking the Covid-19 vaccine and around 1 in 100 had to see a doctor or go to emergency just 3 days after taking a vaccine. How can the TGA justify the rollout of the Covid-19 vaccine when the adverse event rate is so high? 167. The AusVax safety data says 8% reported missing work, study or routine duties after dose 1 of the Covid vaccine, 21% after dose 2 of the Covid vaccine and 15% after dose 3 of the Covid vaccine. How can the TGA justify the rollout of the Covid-19 vaccine when the adverse event rate is so high?	Written	21/11/2022
SQ22-000553	Department of Health and Aged Care	Anne Ruston	Aged care workforce - breakdown of nursing numbers	1. How many nurses were working in the aged care sector as of 1 January 2022? Can this be broken down by number of: a. Registered Nurses b. Enrolled Nurses c. Nurse Practitioner d. Clinical Nurse 2. How many nurses were working in the aged care sector as of 1 April	Written	21/11/2022

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				<p>2022? Can this be broken down by number of:</p> <p>a. Registered Nurses b. Enrolled Nurses c. Nurse Practitioner d. Clinical Nurse</p> <p>3. How many nurses were working in the aged care sector as of September 2022? Can this be broken down by number of:</p> <p>a. Registered Nurses b. Enrolled Nurses c. Nurse Practitioner d. Clinical Nurse</p>		
SQ22-000554	Department of Health and Aged Care	Gerard Rennick	FOI 2565 rejection	<p>88. FOI 2565 requested "Histopathology/microscopic evaluation of gonads (ovaries/testes) of vaccinated animals in relation to Pfizer and AstraZeneca COVID-19 vaccines". This application has been rejected three times, and was rejected finally by the internal reviewers on 27 Sep 2021. Why is the TGA withholding reports of ovarian and testicular effects of an investigational (provisionally registered) vaccine. Particularly in the context of vaccine mandates being imposed upon men and women of reproductive age in various occupational sectors, and now on children and teens with their reproductive years ahead of them?</p>	Written	21/11/2022
SQ22-000555	Department of Health and Aged Care	Gerard Rennick	Secretion of spike protein	<p>89. In the TGA non-clinical report it states "the S protein is synthesised and processed within the ER for surface expression or secretion." Why is the vaccine stimulating the human body to export the spike protein from the cell – shouldn't it be sterilising the virus rather than reproducing it?</p> <p>90. What impact does the secretion of spike proteins have on the endothelium and other sensitive body organs?</p> <p>91. Has the TGA done any research on the secretion of proteins from the cell as a result of the vaccine? If not, why not?</p> <p>92. What evidence does the TGA have to prove that proteins secreted from the cells don't cause clots and damage to body organs?</p>	Written	21/11/2022

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				<p>93. How does the TGA know that the ribosome translates the mRNA code 100% accurately and no mutations occur if no mutagenic studies have been done?</p> <p>94. Has the TGA done any distribution and degradation studies to determine the potential toxicity of the secreted spike protein. If not, why not?</p>		
SQ22-000556	Department of Health and Aged Care	Gerard Rennick	Vaccine tests on the immune system combined with Methotrexate and other immunosuppressants	172. What is Methotrexate used for and why has there been 46 reported deaths from it in the last 2 and a half years?	Written	21/11/2022
SQ22-000557	Department of Health and Aged Care	Gerard Rennick	Lung inflammation and IgG antibodies	<p>96. There is no evidence that the blood lung barrier will allow IgG antibodies which weight around 150,000 Daltons to cross from the blood into the alveolar space of the lungs where Covid is infecting the epithelial cells. Given this is the case why do authorities claim the Covid vaccine can fight Covid which is present in the lungs?</p> <p>97. I note that the TGA non-clinical report on the Pfizer vaccine showed there was very little difference in lung inflammation after 8 days in between vaccinated an unvaccinated monkeys. Given they weight 10kgs and got three times the dose of humans on what basis did this trial proof the vaccine was effective noting there was an IgG response for only 35 days. I note the weight to dose ratio for the monkeys was 20 times higher than humans so on that basis there may have been an IgG response for two days (35/20) or a lower IgG response.</p> <p>99. The Non-clinical evaluation report showed that IgG antibodies peaked after 5 weeks in monkeys that weighted 10kg and got 3 times the dosage of humans. Given that is a weight to dose ratio around 20 times higher than what adults receive how can authorities claim that the IgG antibodies provide any significant protection?</p>	Written	21/11/2022
SQ22-000558	Department of Health and Aged Care	Gerard Rennick	FOI 3717 - Metallic particle contamination in Moderna vaccines	168. I note FOI 3717 pertaining to metallic particle contamination in Moderna vaccines has not been displayed in the FOI Disclosure log. I note in the correspondence dated 27/08/21 that someone (can't tell because the TGA redacted it) was concerned about visual testing and the fact that the TGA was not looking at or analysing the contents of the vial. When	Written	21/11/2022

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				exactly did the TGA start analysing vials and in what way? Were they analysing from the start? If not, why not?		
SQ22-000559	Department of Health and Aged Care	Anne Ruston	Aged care workforce - data collection	4. What research had been undertaken since the pandemic to re-assess and stocktake the number of current nurses in the sector? 5. What date was the National health workforce report publicly released? 6. What workforce data did the Government rely on when they made the decision to expedite the implementation date for providers to have 24/7 RNs onsite by July 2023? Can the data and sources please be provided.	Written	21/11/2022
SQ22-000560	Department of Health and Aged Care	Gerard Rennick	Immune imprinting and Original Antigenic sin	98. Real world data is starting to show negative efficacy from repeated booster shots. Why is the TGA ignoring immune imprinting or Original Antigenic sin?	Written	21/11/2022
SQ22-000561	Department of Health and Aged Care	Anne Ruston	Aged care workers - immigration	7. Will immigration be relied upon to assist aged care providers to fulfill the requirement to have 24/7 RN's onsite at every aged care facility by 1 July 2023? 8. How many additional nurses will immigrate to Australia to work in aged care before the 1 July 2023 deadline?	Written	21/11/2022
SQ22-000562	Department of Health and Aged Care	Gerard Rennick	Strands of mRNA in micrograms	178. On average how many strands of mRNA are in 30 micrograms of mRNA? Given there are 5 doses in each vial how can the TGA be sure that each dose will contain the same amount of mRNA? 179. What is the margin of error administering 30 uml (.3mL) from a vial with 5 doses? 180. Why didn't the TGA make Pfzier measure out the 30 microns evenly instead of leaving it to the person who administers the vaccine - the margin of error for such a small dose would be huge would it not? 181. Given the TGA measures mRNA by mass how does it know if they or the administrators of the vaccine are measuring mRNA and not solution?	Written	21/11/2022
SQ22-000563	Department of Health and Aged Care	Anne Ruston	Aged care workforce - pay increase and modelling	9. Has the Department done modelling to cost the provision for the pay rise of aged care workers that was in the Budget? 10. What factors did the Department consider in doing this modelling? 11. When will the pay rise to aged care workers be phased in?	Written	21/11/2022

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				<p>12. What date was the decision made to implement 24/7 nurses in aged care by July 2023?</p> <p>13. Who was consulted prior to this decision being made? Can a list of organisations and individuals be provided.</p>		
SQ22-000564	Department of Health and Aged Care	Gerard Rennick	Evidence of Ivermectin risking patient health	<p>186. Regarding Ivermectin, is this the first time in Australian history that the Federal Government has instructed the withdrawal of a medicine in the context of a public health emergency?</p> <p>187. What evidence was there that taking Ivermectin could be a risk to the community either directly, or indirectly by discouraging vaccination. Given vaccination doesn't stop transmission how was taking Ivermectin a threat to others?</p> <p>188. What evidence was considered by the committee when recommending that Ivermectin was a risk to individual patient health. Did the Committee and Minister review any evidence of death or injury through inappropriate use of Ivermectin? I note Dr Skerritt stated 12mg was an unsafe dose in a previous conversation yet the sponsors of the drug have claimed that one off doses of 120mg and 30,60 and 90mg doses on day 1, day 4 and day 7 are safe.</p>	Written	21/11/2022
SQ22-000565	Department of Health and Aged Care	Gerard Rennick	Number of vaccine doses brought and refund of money spent	<p>100. The Australian government bought around 250 million doses and has used around 70 million doses to date. Why did the government buy so many given Australia only has a population of 25 million?</p> <p>101. Will the government get a refund on the \$8 billion given the vaccines didn't work?</p>	Written	21/11/2022
SQ22-000566	Department of Health and Aged Care	Anne Ruston	Vaccine approvals	<p>1. What versions of the COVID-19 variant specific vaccines are currently approved in Australia vs to comparable countries such as the US, UK, Europe, Japan, Canada etc?</p> <p>2. If vaccines are approved for new variants overseas, how quickly can these be approved in Australia?</p>	Written	21/11/2022
SQ22-000567	Department of Health and Aged Care	Gerard Rennick	ATAGI's power to authorise vaccine exemptions	<p>175. What law gives ATAGI the authority to issue rules around Vaccine exemptions to doctors?</p> <p>176. Studies have shown that natural immunity from Covid has been found to last up to 20 months after infection. Why doesn't ATAGI recognise natural immunity and antibody tests as a reason to grant an exemption to getting a Covid vaccine?</p>	Written	21/11/2022

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				<p>193. Does Nigel Crawford work for the Murdoch Children's Research Institute?</p> <p>194. How much do the the Bill and Melinda Gates Foundation and other big Pharma organisations pay Nigel Crawford's employers?</p> <p>195. Why are there so many Monash employees on the ATAGI board, given Monash receives money from Big Pharma and the Bill and Melinda Gates foundation?</p> <p>210. Section 10 then says an advertisement cannot be inconsistent with a public health campaign. If a public health campaign is failing to acknowledge risks, then why is it not okay to highlight those risks – take myocarditis for example where ATAGI knew about the risks but failed to highlight them?</p> <p>242. Chair of ATAGI, Prof Nigel Crawford - "Previous animal trials of experimental vaccines against SARS-CoV-1 and MERS-CoV have also been shown to induce a more serious disease when subsequently exposed to the diseases - https://mvec.mcri.edu.au/references/vaccine-associated-enhanced-disease-vaed/ - given this knowledge why is ATAGI encouraging more booster given what is known about immune imprinting?</p> <p>288. Is ATAGI aware that students are running hospital wards because of their mandates resulting in staff shortage?</p>		
SQ22-000568	Department of Health and Aged Care	Anne Ruston	Regional, rural or remote aged care facilities	<p>Can the Department outline how many regional, rural or remote aged care facilities the Minister for Aged Care has visited since being sworn in as the Minister for Aged Care? Can this be broken down by:</p> <p>a. Date of the visit</p> <p>b. Name of facility visited</p> <p>c. Location of facility</p>	Written	22/11/2022
SQ22-000569	Department of Health and Aged Care	Gerard Rennick	Overriding of specialist opinions regarding vaccine related deaths	<p>102. Regarding vaccine injury claims how can the TGA override specialists when they have examined the patient and the TGA hasn't?</p> <p>103. Regarding reported deaths from the vaccine how can the TGA override specialists when they have examined the patient and the TGA hasn't? Especially when the specialists or health professional has ticked the "suspected" box that indicates they believe the death was caused by the vaccine?</p> <p>104. Regarding reported injuries from the vaccine how can the TGA</p>	Written	21/11/2022

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				override specialists or health professionals when they have examined the patient and the TGA hasn't? Especially when the specialists or health professional has ticked the "suspected" box that indicates they believe the death was caused by the vaccine?		
SQ22-000570	Department of Health and Aged Care	Anne Ruston	Jane Halton review	<p>1. What is the Government doing to implement the finding from the Halton review regarding:</p> <p>a. Streamlining advisory structures, b. Reviewing vaccine distribution arrangements, c. Adopting a portfolio and redundancy approach to the procurement of vaccines and treatments?</p> <p>2. When will the Government respond to the Halton review and will it commit to implementing all of the eight recommendations?</p> <p>3. What is the Government doing to implement the recommendation from the Jane Halton review to boost investment in "Public health campaigns designed to encourage sustained booster uptake?"</p>	Written	21/11/2022
SQ22-000571	Department of Health and Aged Care	Gerard Rennick	Contract with Moderna and production of bio-weapons	<p>189. DARPA funded and basically built Moderna. Will the new Moderna facility be involved with the production of bio-weapons?</p> <p>199. Australia has signed a ten year deal with Moderna for 100 million vaccines. Is this true and if so, why has Australia committed to buying so many mRNA vaccines given they have yet to be proved safe and effective?</p>	Written	21/11/2022
SQ22-000572	Department of Health and Aged Care	Anne Ruston	Ministerial site visits	<p>Can the Department outline how many small (60 or fewer operational places) aged care facilities the Minister for Aged Care has visited since being sworn in as the Minister for Aged Care? Can this be broken down by:</p> <p>a. Date of the visit b. Name of facility visited c. Location of facility</p>	Written	22/11/2022
SQ22-000573	Department of Health and Aged Care	Gerard Rennick	ATAGI and exemptions	<p>105. If the Federal Health Department doesn't support mandates, then why is ATAGI restricting exemptions to just a few conditions based on inadequate trials from sponsor who has an inherent conflict of interest? Given the Australian Immunisation Handbook says people can't be</p>	Written	21/11/2022

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				<p>coerced into taking a vaccine how can ATAGI override that by setting rules that completely ignore a person's individuals characteristics?</p> <p>106. Myocarditis and Pericarditis are now two well-known risks for young men from the vaccine. Doctors are still refusing to write exemptions for these indications, and I have been contacted by people who have lost their jobs even with an exemption. When will ATAGI lift the exemptions on mandates so doctors are free to issue exemptions subject to their own discretion?</p> <p>107. Given myocarditis was a known risk for young men as far back as May 2021 why has ATAGI allowed vaccines to be mandated and furthermore still encourage booster uptake knowing it can cause such harm?</p> <p>108. Dr Christoper Blyth said ATAGI has not provided a recommendation for mandates - is that correct - if so when then why has ATAGI defined the exemptions so narrowly?</p>		
SQ22-000574	Department of Health and Aged Care	Anne Ruston	COVID-19 Surveillance and Preparedness	<p>1. Noting the allocation of ongoing funding for Covid-19 testing to deal with anticipated spikes in infections, what is the Department's overall strategy for the surveillance of Covid-19 and other upper respiratory diseases (such as influenza)?</p> <p>2. What is the Department's strategy to mitigate the potential impacts of supply chain discontinuity in the event of another health crisis (stockpiles of critical health consumables such as PPE)?</p> <p>3. What is the Department's preparedness to deal with the impacts of long Covid?</p>	Written	21/11/2022
SQ22-000575	Department of Health and Aged Care	Gerard Rennick	Study of antibodies and modifications to the mRNA in vaccine spike proteins	<p>174. Will the Health department run a study to determine if Covid antibodies are higher in the vaccinated or unvaccinated? If not, why not – isn't this critical to determine the long term of effects of multiple Covid vaccines on the immune system to find out if repeated vaccine shots lower the body's immune defences?</p> <p>201. Has the TGA or the sponsor tested the modifications to the mRNA in the vaccine spike protein to ensure that it is capable of being broken down by the body's immune system? If so, can studies please be provided</p>	Written	21/11/2022

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				and the number of days taken to break down the spike protein be stated? 269. How much confidence is there that the proline insertions keep the spike protein in its prefusion shape? What studies have been completed that demonstrate this? Does the TGA accept that if the spike is not replicated in its prefusion shape then the immune system will recognise it as a different pathogen to the virus spike protein?		
SQ22-000576	Department of Health and Aged Care	Anne Ruston	Centre for Disease Control	<ol style="list-style-type: none"> 1. Did the Department provide the Government with advice on the structure for the Centre for Disease control? 2. What is the breakdown of the funding for the design? What is included? 3. Where will the Centre for Disease Control be located? 4. How was the site selected/How will it be selected? Who made/will make the final decision? 5. What authority will the Centre have over decision-making related to disease and pandemic management? 6. How will that authority interact with that of the Commonwealth Government and state and territory governments? 7. How will the authority/advice of the Centre interact with the advice of Chief Medical Officers? What advice will have precedence? 8. Can the Department guarantee that this additional structure will not risk overlap and duplication of existing structures that are already in place for communicable disease control in Australia? 9. Has the Department received any advice that the CDC could duplicate existing communicable disease control functions that already in place? 10. Has the Department sought any advice to ensure these functions are not duplicated and that it is clear who has the authority in this area? 	Written	21/11/2022

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SQ22-000577	Department of Health and Aged Care	Anne Ruston	Healthcare facility visits	Can the Department outline how many healthcare facilities the Minister for Health has visited since being sworn in, including how many of these are in rural, regional or remote Australia?	Written	22/11/2022
SQ22-000578	Department of Health and Aged Care	Gerard Rennick	COVID-19 vaccine trials and advice from sponsors	<p>203. Professors from UCLA and Stanford have highlighted the risk of vaccine injuries at 11 in 10000. How can the TGA refute these prestigious institutions - Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials by Joseph Fraiman, Juan Erviti, Mark Jones, Sander Greenland, Patrick Whelan, Robert M. Kaplan, Peter Doshi :: SSRN</p> <p>219. In a previous QON the TGA stated "Since these vaccines were granted provisional approval, more than 11 billion people have received doses of COVID-19 vaccines worldwide. Data on real-world use of the COVID-19 vaccines approved in Australia provides reassurance about their safety and that the trials were carried out correctly. This is supported by reviews of safety data by international medicines regulators in countries with extensive COVID-19 vaccine experience who have found no new safety concerns associated with the use of COVID-19 vaccines. In addition, the TGA's monitoring program has not detected any new safety signals in relation to COVID-19 vaccines to date?" This reply is a blatant lie that will be reported for contempt. A number of side effects have been reported such as myocarditis and heavy menstrual bleeding. Why is the TGA covering up serious side effects from the mRNA Covid vaccines?</p> <p>280. Given the Covid vaccine trials were so short in duration why does the TGA take the sponsors word as to what side effects are and ignore real world data being reported by Health professionals who have diagnosed the patient?</p>	Written	21/11/2022
SQ22-000579	Department of Health and Aged Care	Gerard Rennick	Conflict of interests and ATAGI members	<p>109. Can all conflicts of interests between ATAGI members and pharmaceutical companies whether directly or indirectly through universities they work for please be provided. Could he amount of payment, purpose of payment and the payer be disclosed?</p> <p>110. Why are people allowed to sit on ATAGI if they have conflicts of interest?</p>	Written	21/11/2022
SQ22-000580	Department of Health and Aged Care	Gerard Rennick	Weight of protein produced by the mRNA	204. Studies have shown that the weight of the protein produced by the mRNA vary by as much as 50% - surely this is evidence that the mRNA is not being produced in a consistent manner by the ribosomes? Is the TGA tracking the product being produced by the ribosomes?	Written	21/11/2022

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				<p>221. Why is TGA/Pfizer calling it mRNA when it isn't mRNA - the use of Methylpseudouridine means it's a different substance does it not?</p> <p>267. Which part of the mRNA code directs it to be processed on the ribosomes bound to the endoplasmic reticulum - could the TGA please state the name of the amino acid and what position the amino acid sits on the mRNA strand?</p> <p>289. Is pseudouridine impervious to the mRNAse, the enzyme that breaks down mRNA?</p>		
SQ22-000581	Department of Health and Aged Care	Gerard Rennick	Leaked emails from EMA lodging Major objection with Pfizer	<p>184. Can the TGA provide a breakout of its revenue stream by organisation?</p> <p>205. Leaked emails from the EMA show they lodged a Major objection with Pfizer, namely that the possibility of translated proteins other than the translated protein resulting from truncated or modified mRNA should be addressed. Were these concerns addressed? The European Medicines Agency's COVID-19 Vaccine Leaks: Hacks, Regulatory Pressures And Manufacturing Concerns - Health Policy Watch (healthpolicy-watch.news)</p>	Written	21/11/2022
SQ22-000582	Department of Health and Aged Care	Anne Ruston	Healthcare facility visits with the Rural Health Commissioner	Can the Department outline how many healthcare facilities the Minister for Health has visited with the Rural Health Commissioner since being sworn in?	Written	22/11/2022
SQ22-000583	Department of Health and Aged Care	Gerard Rennick	Money received from organisations who make vaccines and the vaccine approval committee including ACMS	111. Did anyone on the vaccine approval committee, including the Advisory Committee on Medicines Scheduling (ACMS) ever receive money either directly or indirectly from the organisations who make vaccines?	Written	21/11/2022
SQ22-000584	Department of Health and Aged Care	Gerard Rennick	Trials and recommendations leading to the approval of Remdesivir	207. Why did the TGA approve Remdesivir on next to no evidence when it was still being trialled and the WHO recommended against it?	Written	21/11/2022
SQ22-000585	Department of Health and Aged Care	Gerard Rennick	PCR testing	<p>112. PCR testing – if it can't distinguish between live and dead virus how why can the Health Department say it's the gold standard? How many false positives were reported – one study says as many as 43% - does the Health department have any idea?</p> <p>113. Is it possible that positive PCR tests were actually just the a strain of the influenza virus? There was a marked decrease in influenza throughout the Covid pandemic.</p>	Written	21/11/2022

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SQ22-000586	Department of Health and Aged Care	Gerard Rennick	COVID-19 vaccine advertisement costs	211. How much has the Federal government spent on advertising the Covid vaccines? 212. How much has the Federal government spent on advertising Covid measures?	Written	21/11/2022
SQ22-000587	Department of Health and Aged Care	Anne Ruston	Strengthening Medicare GP Grants	1. What is the timeframe for the Strengthening Medicare GP Grants? Can this be broken down into: a. Date the grant round was opened b. Date the grant round was published on Grants Hub? c. Date the grant round will close? d. Date the successful grant recipients will be notified? 2. How will the applications be assessed? 3. What is the criteria that applications will be assessed against? 4. Who will be the final decision maker of the applications? 5. Noting the Practice Incentives Program and the Workforce Incentive Program provide similar financial incentives to support medical practices, how will this GP grant program be different? 6. Did the Department or Minister receive any advice that the intention of these grants could not be achieved through either WIPS or PIPs? 7. Can that advice be provided?	Written	21/11/2022
SQ22-000588	Department of Health and Aged Care	Anne Ruston	Outstanding meeting requests	Can the Department outline how many outstanding meeting request are currently sitting with the office of the Minister for Health?	Written	22/11/2022
SQ22-000589	Department of Health and Aged Care	Gerard Rennick	Safety signal in the DAEN database and vaccine safety reports	200. Who is responsible for acting on the safety signal in the DAEN database re Covid vaccines - the TGA or the sponsor? 214. I note that the Covid vaccines were provisionally approved subject to strict reporting conditions on safety and efficacy. Since provisional approval what has Pfizer reported to the TGA in regards to safety and efficacy since the rollout of the vaccine? 215. Can the safety reports provided by the Covid vaccine sponsors please be provided? 266. "The TGA's vaccine safety monitoring system can rapidly detect, investigate and respond to any emerging safety issues identified for	Written	21/11/2022

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				COVID-19 vaccines." The TGA's monitoring system is passive and therefore it can never "rapidly detect" safety issues! These pages are misleading the public are they not? https://www.tga.gov.au/products/covid-19/covid-19-vaccines/covid-19-vaccine-approval-process		
SQ22-000590	Department of Health and Aged Care	Gerard Rennick	Antibodies testing and transfer	114. If the vaccine can transfer the antibodies through the mother's milk then why can't the vaccine transfer spike protein through the mothers milk? What studies were carried out to prove that spike proteins couldn't be transferred through the mothers milk?	Written	21/11/2022
SQ22-000591	Department of Health and Aged Care	Gerard Rennick	COVID-19 vaccine expiration dates	196. The TGA says the vaccines are provisional to last sometime in 2023 or 2024. How are they compiling their data when not all doctors, hospitals, medical industry etc are not even notifying the TGA, ATAGI, CDC, FDA, NIH of adverse events. How does the TGA retrieve information and statistics from so they can form a conclusion if it works or not? 216. Was testing performed on vaccines that were given after their initial expiry date to ensure their safety? If not, why not?	Written	21/11/2022
SQ22-000592	Department of Health and Aged Care	Gerard Rennick	Negligence and breaches from Big Pharma	158. Is the Health Department concerned about corruption within Australia's regulatory body? 208. According to Section 9 of the TGA own advertising code "An advertisement about therapeutic goods must not contain any statement, pictorial representation or design that, expressly or by implication, represents the goods to be: (a) safe, or without harm or side-effects; or (b) effective in all cases, or a guaranteed cure; or (c) infallible, unfailing, magical or miraculous." 209. Despite this every authority in the country touted the vaccines as safe and effective without qualifying the risks. Haven't they broken the law? 217. Why are you fining small companies for breaches of law that had no adverse events while ignoring the negligent behavior of Big Pharma? How are small Australian companies importing a small number of RAT tests for testing or Ivermectin that are no risk to the public worse than the behavior of big pharmaceuticals?	Written	21/11/2022
SQ22-000593	Department of Health and Aged Care	Anne Ruston	Conference details	Can the Department advise how many conferences at which Department officials have represented the Minister for Health, including the names and dates of those conferences?	Written	22/11/2022

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SQ22-000594	Department of Health and Aged Care	Gerard Rennick	Implementation of mandatory vaccines	223. Why are Federal government departments implementing mandates when the Chief Health officer doesn't believe in them?	Written	21/11/2022
SQ22-000595	Department of Health and Aged Care	Gerard Rennick	Hospital admissions, costs and data for COVID positive patients	117. Has the TGA accessed/obtained current Australian background rates for adverse events/subclinical conditions from hospital admission data, NPS MedicineWise and/or general practice data and compared it with pre vaccination rollout data from the same source? 118. In the last round of estimates Prof Skerritt claimed that millions could have died or gone to hospital from Covid – can he please provide the modelling for that claim? Given there has been 6 million deaths from Covid in almost three years, it does sound a bit rich to claim those numbers in a country of just 25 million does it not?	Written	21/11/2022
SQ22-000596	Department of Health and Aged Care	Gerard Rennick	Review of vaccine injuries from drugs previously claimed as safe	182. As per FOI 2986, in January 2021 the TGA recruited a new lead to run the Pharmacovigilance "vaccine safety" system - Michael Nissen. Michael Nissen spent 8 prior years working for GSK (whose healthcare division merged with Pfizer in 2019). How can the TGA claim there are no conflicts of interest when it own staff are long term Big Pharma employees? 220. The serious injury rate of vaccines is 1 in a 1000 people which is much higher than serious rate of injury from omicron – why hasn't the TGA pulled the vaccine? 226. Isn't there an inherent conflict of interest between the TGA approving drugs and then reviewing vaccine injuries from those drugs that is has previously claimed as safe? 247. Given the AZ and Pfizer shot are expected to do the same thing then how can the TGA claim they don't have similar side effects?	Written	21/11/2022
SQ22-000597	Department of Health and Aged Care	Gerard Rennick	Pfizer trials and inspectors	121. Of the 44,000 people who participated in the Pfizer trial, how many clinical record forms were kept by Pfizer? (Note everyone should have file per link) 122. Of the 44,0000 clinical record forms how many did the TGA check? 123. Regulatory Documents show only 9 sites out of 152 Pfizer sites were subject to FDA inspection and only 10 out of 99 Moderna sites were subject to FDA inspection. How many sites did the TGA inspect and why does the TGA think its acceptable that such a small number of sites were inspected, especially since this was the first time mRNA vaccines were	Written	21/11/2022

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				<p>produced commercially for the first time?</p> <p>124. How is it that a principal investigator of the Pfizer trial, Fernando Polack could recruit 4,500 patients in 3 weeks at one site? He was also at Vanderbilt in the period and happened to make appearances for the FDA and is also funded by the Bill and Melinda Gates foundation and the NIH. Yet presumably while doing this he managed to find time to recruit 4,500 patients in 3 weeks with each patient requiring 250 pages of case report forms. This is over 1,125,000 pages in three weeks? Does the TGA stand by the trails results of that Pfizer site in Argentina in that three-week period given the enormous caseload?</p>		
SQ22-000598	Department of Health and Aged Care	Anne Ruston	Rural Health and Medical Training for Far North QLD	1. In the 2022-23 Budget, the Government has allocated \$13.2 million over 3 years from 2023-24 to James Cook University to provide 20 additional Commonwealth Supported Places on an ongoing basis, and to establish a new medical training campus in Cairns. What is the funding breakdown for component 1 and 2?	Written	21/11/2022
SQ22-000599	Department of Health and Aged Care	Anne Ruston	Conference details for Assistant Minister	Can the Department advise how many conferences at which an Assistant Minister has represented the Minister for Health, including the names and dates of those conferences?	Written	22/11/2022
SQ22-000600	Department of Health and Aged Care	Gerard Rennick	Modification of pathogenicity in COVID-19 vaccines for children	<p>225. Pfizer wanted to switch the "phosphate- buffered saline" used in previous adult formulations, to "tromethamine (Tris) buffer" and to exclude both sodium chloride and potassium chloride, claiming it "improved the stability profile of the vaccine." A Pfizer spokesperson said, "This allows the mRNA to resist being degraded for a longer?period of time?before administration - meaning the pediatric vaccine can be stored [at] 2-8°C in commonly available refrigerators for up to 10 weeks." If the half-life is going to take longer to degrade isn't that going to increase the pathogenicity of the vaccine for children?</p> <p>238. Why are there five doses in an adult vial and 10 doses in a children's vial? Why didn't the sponsors make it one dose per vial to ensure an even distribution of the vaccine. How can the TGA be sure that the person administering the vaccine is actually giving consistent concentrations?</p>	Written	21/11/2022
SQ22-000601	Department of Health and Aged Care	Gerard Rennick	Independent testing of vaccines	125. Does the TGA do any independent testing of the vaccine or is it happy to rely solely on testing from the sponsor who has an inherent conflict of interest in promoting the vaccine to increase their profits?	Written	21/11/2022

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				127. Can the TGA provide records of the patients in the trial at both 1 month after the second dose, 3 months after the second dose and one year after the second dose?		
SQ22-000602	Department of Health and Aged Care	Gerard Rennick	ACE receptors on cells via transfection	228. ACE receptors are not on all cells – does the TGA accept that the transfection process used by Pfizer makes the vaccine more pathogenic than the virus? The vaccine doesn't target any cells, instead it targets all cells via transfection as shown in graphs on page 34 of the TGA Pfizer Non-Clinical report? 230. The non-clinical report noted one study that said 100% of people who had recovered from Covid had S protein specific CD4 t-cells and 70% had CD8 t-cells – if this is the case why is natural immunity being ignored for those who had Covid in favor of further boosters?	Written	21/11/2022
SQ22-000603	Australian Institute of Health and Welfare	Gerard Rennick	COVID vaccination status included in the Perinatal Data form	126. Why is vaccination status not being recorded on the Perinatal Data form, considering other vaccinations get noted?	Written	21/11/2022
SQ22-000604	Department of Health and Aged Care	Gerard Rennick	Non-clinical vaccine reporting on animal models	231. The non-clinical report noted there were no studies on the protection of older animals – given it was older people who are susceptible why were older animals excluded? 232. The non-clinical report noted that monkeys were not a good animal model of severe Covid 19 in humans – if this is case why use monkeys in a trial for a disease, they are not a good model for? 233. The non-clinical report noted vaccine induced auto immune diseases were not studied in the non-clinical program and should be addressed by clinical data. If this is the case, why are humans being used as guinea pigs? 259. How can the TGA discount the increased number of supernumerary ribs in vaccinated pregnant rats as not being a safety signal? Shouldn't more testing have taken place? 268. Why is the TGA refusing to provide information relating to "All Developmental and Reproductive Toxicity Studies available to the TGA regarding the Pfizer and AstraZeneca COVID-19 vaccines including histology reports of gonads of vaccinated animals"	Written	21/11/2022
SQ22-000605	Department of Health and Aged Care	Anne Ruston	Modified Monash Model (MMM)	1. Does the Department classify aged care homes by the Modified Monash Model (MMM)? 2. How often does the Department map how many residential aged care	Written	22/11/2022

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				<p>facilities fall into each MMM category?</p> <p>3. Can the most up to date data please be provided broken down by:</p> <p>a. How many residential aged care services are currently classified as MMM1 (metropolitan)</p> <p>b. How many residential aged care services are currently classified as MMM2 (regional centres)</p> <p>c. How many residential aged care services are currently classified as MMM3 (large rural towns)</p> <p>d. How many residential aged care services are currently classified as MMM4 (medium rural towns)</p> <p>e. How many residential aged care services are currently classified as MMM5 (small rural towns)</p> <p>f. How many residential aged care services are currently classified as MMM6 (remote)</p> <p>g. How many residential aged care services are currently classified as MMM7 (very remote)</p>		
SQ22-000606	Department of Health and Aged Care	Gerard Rennick	Misinformation from Premiers on COVID and vaccinations	128. What is the health department doing about misinformation being spread by Premiers such "the virus will hunt down the unvaccinated" and "Queensland hospitals are for Queensland people and NSW hospitals are for their people."	Written	21/11/2022
SQ22-000607	Department of Health and Aged Care	Anne Ruston	Exemption 19(2) - exemptions initiative, access to Primary Care in Rural and Remote Areas	<p>1. Can the department provide an update on the 19 (2) 'exemptions initiative – improving access to Primary Care in Rural and Remote Areas'?</p> <p>2. How many providers have applied for an exemption?</p> <p>3. How many providers have been granted an exemption?</p> <p>4. Why would someone be denied an exemption?</p> <p>5. When providers are applying for an exemption, what information do you provide them?</p> <p>6. Considering regional and rural doctors are under significant pressure due to the current workforce shortages, what is currently being done to assist them in obtaining staff through commonwealth incentives?</p>	Written	21/11/2022

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SQ22-000608	Department of Health and Aged Care	Gerard Rennick	Redacted sections in the non-clinical evaluation report	129. What are the redacted sections in the non-clinical evaluation report? Why are they being redacted – the data isn't commercial in confidence – it's safety data that is needed for the patient to make a fully informed decision is it not?	Written	21/11/2022
SQ22-000609	Department of Health and Aged Care	Gerard Rennick	TGA non-clinical report of vaccine trials	<p>229. As per the TGA non-clinical report - "there was very mild inflammation of lung tissues in both the control and vaccinated group 7 or 8 days after challenge with no difference in the inflammation score." Given these results how can the TGA say the vaccine reduced lung infections from Covid?</p> <p>234. The non-clinical report noted that the potential of vaccine to induce cytokine release was not adequately assessed in non-clinical trials. Why did the TGA approve the vaccine given such a risk was not properly understood?</p> <p>235. On page 34 and page 35 pf the TGA non-clinical report the transfection and expression rates of the modified mRNA's are much higher – isn't that proof that the vaccine is much more pathogenic and infectious than the virus?</p> <p>241. Why didn't the TGA mention the use of methylpseudouridine in the non-clinical report?</p> <p>245. In Section 2.4 on page 36 of TGA non-clinical report the structure of the spike protein is redacted - why is that?</p>	Written	21/11/2022
SQ22-000610	Department of Health and Aged Care	Gerard Rennick	COVID-19 vaccine history of all Coroner reported deaths	<p>198. In a previous reply to a QON the TGA stated "The Therapeutic Goods Administration (TGA) does not routinely publish the number of adverse events reported as serious. This is because simple reporting of the number and type of adverse event reports, including the number of reports assigned by reporters to one of the seriousness criteria, is not a valid method for assessing vaccine safety". Simple reporting has been used to report Covid cases and deaths which has then been used to mandate experimental gene technology that did not undergo rigorous testing – why are vaccines injuries and deaths held to a higher level of scrutiny and covid cases and deaths?</p> <p>236. FOI 3727 reveals a number of deaths in people younger than 35 from the vaccine, including a 7, 9, 14 and 19 year old. Given these deaths why wasn't the vaccine rollout paused?</p> <p>240. Is the Covid vaccine history of all Coroner reported deaths - included for consideration in the Forensic Pathologist's autopsy report - or all medical certificates of death?</p>	Written	21/11/2022

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SQ22-000611	Department of Health and Aged Care	Anne Ruston	Ministerial Offices	Does any Minister in the health portfolio have an office within the Department of Health?	Written	22/11/2022
SQ22-000612	Department of Health and Aged Care	Gerard Rennick	Evidence of luciferase and spike proteins	243. Luciferase and the covid spike protein are completely different – what evidence do you have that just because Luciferase breaks down in 9 days the same goes for the spike proteins? 252. How heavy should the vaccine spike protein be? Was it tested for quality control and if so, what was the acceptable margin of error – if not, why not?	Written	21/11/2022
SQ22-000613	Department of Health and Aged Care	Gerard Rennick	Doses of mRNA vaccines	130. Why does the vaccine vial have to be gently inverted 10 times? Why not 8 times. Where is the science that indicates it is safe to administer 5 does of a lipid encased mRNA vaccine from one vial? 133. Why is the Moderna dose three times heavier than the Pfizer dose – if they are both generating the same spike protein why is there such a variance in dose size?	Written	21/11/2022
SQ22-000614	Department of Health and Aged Care	Anne Ruston	Administrative and stationery costs	What have been the administrative and stationary costs since the election of the new Government?	Written	22/11/2022
SQ22-000615	Department of Health and Aged Care	Anne Ruston	Telehealth Nurse Program – Patient Pathways	1. The announcement was funding of \$800k from July 1 with \$2.55m over the next 3 years, the budget funding is \$3m over the next 3 years. Is this a terminating measure? What happens after the funding ceases? 2. When can patient organisations expect to receive funding for Pathways telehealth nurses? 3. How is the \$2.4 million included in the 2022-2023 budget being distributed? 4. What is happening now with the CCDR? Have they received any funding? 5. What consultations have the Minister's office had with CCDR? 6. Is this a broken election commitment?	Written	21/11/2022

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SQ22-000616	Department of Health and Aged Care	Gerard Rennick	Invitro studies and vaccine trial data	<p>131. Why is it okay to use invitro studies to justify the safety of the Covid vaccines but not Ivermectin?</p> <p>132. Why did Pfizer and or the FDA try to delay the release of the Covid-19 vaccine trial data for up to 55/75 years? Shouldn't the TGA be alarmed by this? If not, why not?</p>	Written	21/11/2022
SQ22-000617	Department of Health and Aged Care	Gerard Rennick	FOI 2389-3 - Structure of RNA and LNPs	<p>249. What is the different 5 cap structure in modified RNA - page 109 FOI 2389-3 – how is this different to the Covid spike protein mRNA cap?</p> <p>250. FOI 2389-3 page 20 – some LNPs can be twice as big as others 60-120 nano metres Does this mean that some vaccine lipids can be twice as toxic or efficacious, or some people will get twice the dose of others?</p> <p>251. In the Pfizer Covid vaccine as per FOI 2389-3 page 110 Table 2 - Theoretical length is from 1200 to 4500 nucleotides depending on selected antigen - the Coronavirus spike protein has 1273 amino acids – why is the vaccine producing a spike protein almost 4 times larger than the Covid virus?</p> <p>169. In FOI 2389-3 4.3.3 it says "RNA itself, and the lipids used in the BNT162 vaccines have no carcinogenic or tumorigenic potential. Furthermore, according to ICH SIA, no carcinogenicity studies are required for therapeutics that are not continuously administered. Therefore, no carcinogenicity studies were performed.' Why is carcinogenicity not tested if boosters are being continually rolled out?</p> <p>170. In FOI 2389-3 5.3.1.7 regarding coagulation it says "Increases in fibrinogen levels were detected in all vaccinated animals at the end of dosing phase and were consistent with an acute phase response secondary to immune activation and inflammation at the injection sites." Given clotting was a recognised side effect of the vaccine on what basis can the TGA rule out strokes and other clotting related events?</p>	Written	21/11/2022
SQ22-000618	Department of Health and Aged Care	Gerard Rennick	FOI 2389-1 - Pfizer COVID vaccine trial	<p>253. In the Pfizer Covid vaccine trial as per Page 33 on FOI 2389-1 - There were 311 candidates in the vaccine group who had other important protocol deviations on or prior to 7 days after Dose 2 - what were these deviations and did they include vaccine injuries?</p> <p>254. In the Pfizer Covid vaccine trial why were 1790 excluded from valuable efficacy in the placebo group - as per page 33 FOI 2389-1</p> <p>255. In the Pfizer Covid vaccine trial as per Page 33 on FOI 2389-1 - Why were only around 19,000 from each group evaluated when over 21,000 were vaccinated?</p>	Written	21/11/2022

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				256. In the Pfizer Covid vaccine trial as per Page 33 on FOI 2389-1 - Why were approximately 1250 people pulled from getting the second vaccine?		
SQ22-000619	Department of Health and Aged Care	Anne Ruston	Staff makeup	How has the FTE and Department staff makeup changed since the 1st of July 2022?	Written	22/11/2022
SQ22-000620	Department of Health and Aged Care	Gerard Rennick	Endoplasmic Reticulum ribosomes	134. Once the mRNA is inside the cell what guarantee is that the mRNA ends up in the Endoplasmic Reticulum ribosomes and not the mitochondria ribosomes? Can the TGA provide studies that prove this cannot happen? 139. The membranes of the ER are continuous with the outer nuclear membrane - If the mRNA can get into the Endoplasmic reticulum what's to say it can't get into the nucleus?	Written	21/11/2022
SQ22-000621	Department of Health and Aged Care	Gerard Rennick	FOI 2389-2 - Benefits of vaccinations versus risks and clinical impacts of systemic adverse events	257. The TGA report on the Pfizer vaccine said, "The duration of protection afforded by COMIRNATY is unknown as it is still being determined by ongoing clinical trials." - why did the TGA say it was safe and effective if you didn't know how effective it was going to be. See 2389-2 page 6? 258. As per Page 7 of FOI 2389-2 - given the high mortality rate in the older age group don't you think the Covid Pfizer vaccine rollout should be stopped? To quote "The data for use in the frail elderly (>85 years) is limited. The potential benefits of vaccination versus the potential risk and clinical impact of even relatively mild systemic adverse events in the frail elderly should be carefully assessed on a case-by-case basis"	Written	21/11/2022
SQ22-000622	Department of Health and Aged Care	Anne Ruston	Strengthening Medicare Taskforce	1. Did the Department provide advice to the Minister regarding the Strengthening Medicare taskforce? 2. How was the Strengthening Medicare taskforce membership chosen? 3. Did the Minister have final say? 4. When will the taskforce provide their final recommendation to strengthen Medicare? 5. According to the Department website, four meetings have been held so	Written	21/11/2022

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				<p>far - Has the Minister attended all four in person?</p> <p>6. Communique #3 states: "With 23 million Australians having a My Health Record, the Taskforce discussed that it was now the job of the health sector and governments to ensure that our health data systems need to work better together to ensure people do not need to unnecessarily retell their story or undergo duplicative procedures." How would this be different to the My Health Record system that the previous Government put in place? Is any legislative change currently being considered and, if so, how would that change be different to what happens currently?</p>		
SQ22-000623	Department of Health and Aged Care	Gerard Rennick	Damage to the cells due to spike protein and amount of time vaccine spike protein remains in the body	<p>135. In a prior round of estimates Prof Skerritt said "No evidence of damage. You seem to be indicating that these are little arrows that are piercing holes in things. The protein by itself does not cause damage". The vaccine induces an immune response that requires the body's own cells to be attacked and destroyed. How can Professor Skerritt say the spike protein doesn't cause any damage or induce a cell-mediated immune attack against host cells that translate the mRNA to spike protein and then place the antigen on the cell surface to invoke an immune response?</p> <p>136. Does the vaccine contain instructions to turn off the toll like receptors to the mRNA. If so how dangerous is this?</p> <p>144. The fact that the vaccine spike protein stays in the body for 60 days indicates that it is more toxic than the normal virus which for most people is cleared from the body in a matter of weeks rather than months. Does the TGA disagree with this statement? If so, why?</p>	Written	21/11/2022
SQ22-000624	Department of Health and Aged Care	Anne Ruston	Travel costs	What are the Departmental travel costs from 1 July 2022 to now? What are the travel costs for the quarter from 1 July 2022 to the end of September?	Written	22/11/2022
SQ22-000625	Department of Health and Aged Care	Gerard Rennick	COVID-19 vaccines impact on pregnant women and infants	<p>260. The UK has pulled the vaccine for pregnant women – Why isn't Australia doing the same thing?</p> <p>264. FluVax was introduced in 2010. A few babies died from it, some were severely and permanently injured, and 1 in 10 children suffered an adverse event, The vaccine company (CSL) denied responsibility for as long as they could, before the evidence was overwhelming. Why are</p>	Written	21/11/2022

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				Health departments continuing with the Covid vaccine rollout that have higher injury rates? There are numerous other examples of where drugs have been pulled on far fewer safety signals.		
SQ22-000626	Department of Health and Aged Care	Gerard Rennick	Vaccine safety for people who are pregnant	<p>137. In the post marketing data only 32 of 270 pregnancies were reported on and most of the 32 were miscarriages. Why didn't the TGA follow up on the other 238 pregnancies and given the missing data how could the TGA say that the vaccine was safe for pregnant women? Was there ever any follow up on the other woman who didn't initially provide data?</p> <p>138. I note that the TGA has previously said "Post-market global surveillance data from large numbers of pregnant women have not identified any significant safety concerns with mRNA COVID-19 vaccines given at any stage during pregnancy. There is no evidence of decreased fertility, increased risk of miscarriage or teratogenic risk" Why would the TGA say this given the missing data in the post marketing data and the fact that the vaccine was only tested on pregnant rats?</p>	Written	21/11/2022
SQ22-000628	Department of Health and Aged Care	Gerard Rennick	Assessments and timeframes for COVID vaccine approvals	<p>171. What role does Adjuvant play in regulating and approving vaccines – has the TGA outsourced regulatory activities to a third party?</p> <p>177. Why has the TGA allowed Pfizer/Moderna to set integrity and purity requirements?</p> <p>265. Why is the Health Department claiming the approval process for the vaccines wasn't rushed when in fact it was. Furthermore no carcinogenic, genotoxicity or longitudinal studies were completed. And I quote: "The Therapeutic Goods Administration (TGA) provisionally approved these vaccines after a complete assessment of all the available data. This is the same process as any vaccine approved in this country. The TGA will only register and approve a COVID19 vaccine if it is safe and effective." https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-were-covid-19-vaccines-rushed-through-approvals-or-given-emergency-use-authorisations-in-australia</p>	Written	21/11/2022
SQ22-000629	Department of Health and Aged Care	Anne Ruston	Waiting times for foot and ankle surgery	What is the current waiting time for foot and ankle surgery in public hospitals?	Written	22/11/2022
SQ22-000630	Department of Health and Aged Care	Gerard Rennick	FOI 2389-3-2 - Investigation and detection of vaccine side effects	270. Page 64 – FOI 2389-3-2 - Investigators are not obligated to actively seek AEs or SAEs after the participant has concluded study participation? If investigators don't have to seek out all adverse events how does the	Written	21/11/2022

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				<p>TGA know the investigator has detected all possible side effects? 271. As per Page 64- FOI 2389-3-2 - All pregnancies have to be reported to the sponsor – if this is the case why is so much data on pregnancy missing from the Pfizer Covid vaccine post marketing data? 272. I note on page 69 of FOI 2389-3-2 that adverse events of special interest aren't applicable but that in the post marketing data there are over 1000 of them mentioned? 273. Of the circa 44,000 participants in the Pfizer Covid vaccine trial how many were checked up at the 6-month, 12 month and 24 month time frame as per the requirements of the CT02-GSOP Clinical Protocol Template Phase 1 2 3 4 (05 December 2019) (around pages 80-90 of 2389-3-2)?</p>		
SQ22-000631	Department of Health and Aged Care	Gerard Rennick	Participant results from the Pfizer vaccine trials	<p>274. Of the 44,000 participants in the Pfizer Covid vaccine trial how many suffered strokes, paralysis, heart attacks at the 3 month, 6 month, 12 month and 24 month mark and their can their ages be stratified? 275. Of the 44,000 participants in the Pfizer Covid vaccine trial how many have suffered myocarditis and pericarditis to date? Can the split between vaccinated and unvaccinated be provided?</p>	Written	21/11/2022
SQ22-000632	Department of Health and Aged Care	Anne Ruston	Podiatric surgery	What is the current waiting time for a diabetic patient with a foot infection?	Written	22/11/2022
SQ22-000633	Department of Health and Aged Care	Gerard Rennick	Blood type testing against COVID-19 vaccines	<p>276. What blood tests were taken on Covid vaccine trial participants and how often? 279. Were Covid vaccines tested regarding the sensitivity of different blood types to the vaccines? Was there any difference in the blood types in reacting to the vaccine?</p>	Written	21/11/2022
SQ22-000634	Department of Health and Aged Care	Gerard Rennick	Staffing mandates and payments on the rollout of COVID-19 vaccines	<p>248. Is it mandatory for TGA staff to be vaccinated? 283. Are performance bonuses paid on the rollout of the vaccine to any staff in the Health Department? Can the employment contracts of Head of TGA, the Chief Medical Officer and the Secretary of the Health Department please be provided?</p>	Written	21/11/2022
SQ22-000635	Department of Health and Aged Care	Anne Ruston	Podiatric surgeons	Is the Department aware of an underutilisation of podiatric surgeons in Australia, and is the Department working on any measures that would expand the provision of foot surgery and associated services to help reduce waiting lists?	Written	22/11/2022

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SQ22-000636	Department of Health and Aged Care	Gerard Rennick	N,N-ditetradecylamine risk	<p>140. On page 47 of the TGA non-clinical report it states no unique in-vivo metabolites of ALC- 0159 were observed in the rat pharmacokinetic study, but N,N-ditetradecylamine formed by slow amide hydrolysis was identified in hepatocytes and liver S9 fractions from mouse, rat, monkey and human - Substances predicted as likely to meet criteria for category 1A or 1B carcinogenicity, mutagenicity, or reproductive toxicity, or with dispersive or diffuse use(s) where predicted likely to meet any classification criterion for health or environmental hazards, or where there is a nanoform soluble in biological and environmental media. https://echa.europa.eu/substance-information/-/substanceinfo/100.037.611</p> <p>141. Why didn't the TGA identify the accumulation of N,N-ditetradecylamine a risk from the vaccine?</p>	Written	21/11/2022
SQ22-000637	Department of Health and Aged Care	Gerard Rennick	Lodgement of complaint to TGA regarding vaccine	<p>152. Why does the TGA make it so hard to lodge an adverse event – I have had many complaints about how difficult it is from vaccine victims?</p> <p>153. Many people who have lodged adverse event reports have received no feedback from the TGA other than to say the injury is recorded. How can the TGA and Prof Skerritt dismiss vaccine injuries when the people injured by the vaccine have not been diagnosed?</p>	Written	21/11/2022
SQ22-000638	Department of Health and Aged Care	Gerard Rennick	Departmental and TGA consultations with Senator Rennick	263. I note an article in The Australian that stated I declined a meeting with the Health Department on numerous occasions. Does the TGA/Health Department have the time and place I declined a meeting with them and evidence of that?	Written	21/11/2022
SQ22-000639	Department of Health and Aged Care	Gerard Rennick	Protein range and Furin gene in Sars-Cov- 2 virus	<p>51. The molecular weight of the SARS-CoV-2 encoded protein ranges from 135-200 kilodaltons depending on the extent of glycosylation. Does this prove that the margin of error in trying to get the body to produce a protein safely is too high? In vitro Characterization of SARS-CoV-2 Protein Translated from the Moderna mRNA-1273 Vaccine (medrxiv.org)</p> <p>285. How did the Furin gene get into the Sars-Cov- 2 virus given it was never in a previous Coronavirus?</p>	Written	21/11/2022
SQ22-000640	Department of Health and Aged Care	Gerard Rennick	Overuse of boosters and stronger spike protein affecting immune system	<p>227. The virus needs two enzymes to cross the membrane whereas the vaccine needs none as it relies in transfection – is that correct? If that is the case, then is it fair to say the vaccine is more infectious, isn't it?</p> <p>286. Aren't nasal sprays better than vaccines for respiratory viruses that</p>	Written	21/11/2022

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				<p>enter through the airways?</p> <p>287. What steps or tests has the health department taken to ensure that immune imprinting or antibody dependent enhancement is not occurring with repeated booster shots. This is a well-known phenomenon, dengue fever being a prime example. It was highlighted by Pfizer as a potential risk. Furthermore, why isn't this potential risk highlighted in any Covid booster advertising?</p> <p>290. Is the overuse of booster and the use of a stronger spike protein causing the immune system to downregulate in other areas leading to cancer and diabetes?</p>		
SQ22-000641	Department of Health and Aged Care	Gerard Rennick	Reporting of adverse events and post marketing surveillance data	<p>146. Why doesn't the TGA have mandatory reporting requirements of Health professionals for reporting adverse events? Shouldn't it be mandatory given that the vaccines have only received provisional approval and data from ongoing trials are being assessed on an outgoing basis?</p> <p>148. In the Post marketing surveillance data there is over 1,000 adverse events of interest – what exactly are adverse events of interest – are they reported adverse events?</p> <p>149. If the current vaccines fall outside many of the international guidelines for testing vaccines, then isn't it fair to say they aren't vaccines.</p> <p>150. In the post marketing surveillance data - what was the total population of the administered doses? I note this figure has been censored by Pfizer and the FDA - why is such an important indicator of safety being covered up and why won't the TGA ask for that number and then disclose it?</p> <p>151. Why did the TGA change death description to Adverse Event following immunisation to avoid scrutiny over cause of death regarding a number of young children were reported to have died from the vaccine?</p>	Written	21/11/2022
SQ22-000642	Department of Health and Aged Care	Gerard Rennick	Data on the effectiveness of Methylpseudouridine	<p>143. Is there evidence that demonstrates that three potentially ineffective stop codons are any better than one. A leaky bucket is a leaky bucket is it not? Can data please be provided to prove that Methylpseudouridine is just as effective as uridine in stopping codon read through?</p>	Written	21/11/2022

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SQ22-000643	Department of Health and Aged Care	Gerard Rennick	Spike proteins creating fibrils causing amyloids clots	<p>185. Studies have shown that neutrophils interact with spike proteins to create fibrils that lead to amyloids clots. Has the TGA examined this risk, and can they guarantee that amyloid clots aren't being formed by the vaccine?</p> <p>190. I note that the Europeans Medicine Agency has added heavy menstrual bleeding as a side effect of Pfizer and Moderna Covid jabs. Given this delayed warning what testing will the TGA do to ensure that the heavy bleeding isn't the result of clots and that women are not at danger of having their fertility damaged?</p>	Written	21/11/2022
SQ22-000644	Department of Health and Aged Care	Anne Ruston	Access to podiatric surgeons	<p>Is the Department of Health concerned that, currently, only wealthy individuals can access the services provided by podiatric surgeons?</p> <p>Is the department aware that there is a PHI disincentive to provide cover based on lack of MBS coverage?</p>	Written	22/11/2022
SQ22-000645	Department of Health and Aged Care	Gerard Rennick	Specification setting for Pfizer vaccine	142. Why did Pfizer set the specification settings for the vaccine and not the TGA i.e. percentage of intact mRNA?	Written	21/11/2022
SQ22-000646	Department of Health and Aged Care	Gerard Rennick	Molnupiravir drug causing cancer mutations and sickle cell anaemia	<p>244. Why did the TGA approve molnupiravir despite the fact there were concerns that the drug may cause cancer mutations? It is known in medicine that mutation of a single base is sufficient to cause disease, sickle cell anaemia being one example. - https://quadrant.org.au/opinion/public-health/2022/08/the-suppression-of-useful-covid-19-treatments/</p> <p>261. Until recently patients presenting with anti-bodies to their thyroids have had it stated on their blood results that 'the antibody pattern suggests an underlying autoimmune inflammatory process e.g. Graves' and Hashimoto's'. The way to examine these results was changed on 06/09/21 and the reference interval was updated. Why has the reference interval been updated/changed and is it true that Medicare requested QML that such wording be removed from patients' written test results?</p>	Written	21/11/2022
SQ22-000647	Department of Health and Aged Care	Anne Ruston	Third party boycotts of podiatric surgeons	<p>Is the Department aware that third party boycotts of podiatric surgeons are occurring on a regular basis and that the lack of funding is used to support such activity?</p> <p>Does the Department agree that rectifying this situation would be an example of a health system cost efficiency?</p>	Written	22/11/2022

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SQ22-000648	Department of Health and Aged Care	Gerard Rennick	Optimal amount of intact mRNA	145. What is the optimal amount of intact mRNA for the vaccine to be effective?	Written	21/11/2022
SQ22-000649	Department of Health and Aged Care	Gerard Rennick	Safety of booster shot	147. I note that the TGA relied on clinical study 4591001 to determine the safety of booster shots yet this study only examined the impact of 2 shots. Wasn't it reckless of the TGA to approve the rollout of a third shot with no adequate trial studies of three shots?	Written	21/11/2022
SQ22-000650	Department of Health and Aged Care	Anne Ruston	MSAC and outcome data	The MSAC has been unable to complete the ACPS's evaluation on three occasions because the AOA refused or was unable to provide audit data for comparative analysis. If the Department is to continue to use such processes to evaluate innovative funding proposals, will the Department ensure that outcome data for all providers for a set date range is available to facilitate the process?	Written	22/11/2022
SQ22-000651	Department of Health and Aged Care	Anne Ruston	Flinders Medical Centre	In announcing their election promise to fund the upgrade to the Flinders Medical Centre, the Albanese Government committed that the planning works would commence 'in partnership between Federal and State Governments immediately following the election of a Federal Labor Government.' Can you confirm that the detailed planning works have commenced, and what has been the outcome of those works so far? What are the 'site infrastructure challenges' for these works? Why must bed availability be 'progressively' increased? How many beds will be established initially and how many when it is completed?	Written	22/11/2022
SQ22-000652	Department of Health and Aged Care	Anne Ruston	The New Frontier Project	1. Can the Department update the Committee on the timing of the release of the Government's response to The New Frontier report of the House of Representatives Committee on Health? 2. How many and which recommendations have been formally adopted in terms of policy implementation?	Written	22/11/2022
SQ22-000653	Department of Health and Aged Care	Anne Ruston	Mental health services in Ballina and the Hawkesbury	Can the Department provide a breakdown of the costs of the \$8.5 million for the additional mental health services in Ballina and the Hawkesbury?	Written	22/11/2022

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				<p>What are the mental health services the Department is providing in Ballina and the Hawkesbury, and what age brackets are the services directed at?</p> <p>How were those sites chosen?</p> <p>After the 4 years, what will happen to those services?</p> <p>When will these services be available to the community?</p>		
SQ22-000654	Department of Health and Aged Care	Anne Ruston	Funding for flood victims	<p>Topic - Mental Health</p> <p>Will there be any funding for individuals from Queensland or Victoria who have also been impacted by recent floods?</p>	Written	22/11/2022
SQ22-000655	Department of Health and Aged Care	Anne Ruston	H2H pop-up clinic in Richmond	How much funding will go towards the H2H pop-up clinic in Richmond for a further 6 months?	Written	22/11/2022
SQ22-000656	Department of Health and Aged Care	Anne Ruston	Headspace centres	<p>How many headspace centres are in the electorate of Werriwa?</p> <p>How many young people aged between 15-24 live in the electorate of Werriwa?</p> <p>How many headspace centres are there in the electorate of Corangamite?</p> <p>How many young people aged between 15-24 live in the electorate of Corangamite?</p> <p>How many headspace centres are there in the electorate of Macnamara?</p> <p>How many young people aged between 15-24 live in the electorate of Macnamara?</p> <p>How many young people aged between 15-24 live in the electorate of Longman?</p> <p>How many young people aged between 15-24 live in the electorate of Gilmore?</p>	Written	22/11/2022

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SQ22-000657	Department of Health and Aged Care	Anne Ruston	Headspace sites and satellite sites	<p>Did the Department have any input in the selection of the 3 headspace sites and 2 satellite sites?</p> <p>Did the Department provide any advice on areas most in need of headspace sites and satellite sites?</p> <p>If yes, were these sites on that list? Are there areas the Department has identified as needing sites more than those selected?</p>	Written	22/11/2022
SQ22-000658	Department of Health and Aged Care	Anne Ruston	Suicide prevention	<p>Research shows that two-to-three years after a natural or economic disaster, suicide rates can increase. What was the amount of funding given to suicide prevention services during 2020 and 2021, and what is the amount in the current estimates?</p> <p>Given the high levels of strain and potential for burnout experienced by support workers during the pandemic, what amount of funds has been dedicated to building the capacity and resilience of the suicide prevention workforce?</p> <p>What amount of funds previously committed to universal aftercare will be expended in the next 12 months?</p>	Written	22/11/2022
SQ22-000659	Department of Health and Aged Care	Anne Ruston	Endometriosis	<p>The Government recently announced that they are maintaining the Coalition's commitment to invest \$25.2 million for a new MBS item for pelvic MRI scans, as well as to invest \$16.4 million to establish endometriosis and pelvic pain GP clinics in primary care setting. Noting that that these are only two measures from the Coalition's \$58.1 million investment supporting women experiencing endometriosis, can the Department guarantee that the remainder of these measures are still receiving the funding budgeted for them in the March 2022-23 Budget, and provide an update on these remaining measures?</p>	Written	22/11/2022
SQ22-000660	Department of Health and Aged Care	Anne Ruston	Delayed elective surgeries and screenings	<p>What is the Department doing to assist states and territories with addressing their elective surgery backlogs?</p> <p>Can you provide data on the extent of the elective surgery backlog in each state and territory? How many are waitlisted in each state? What is the ongoing impact?</p>	Written	22/11/2022

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SQ22-000663	Department of Health and Aged Care	Anne Ruston	Bowel Cancer Screening Program	<p>Do you have visibility on the current waitlists across the nation for colonoscopy?</p> <p>Can you provide details on the number of colonoscopies performed by state using MBS data for the last three years?</p> <p>Can the Department request data from state jurisdictions about the number of colonoscopies performed and number of patients on the waitlist?</p> <p>If so, can the Department request current state and territory waitlist data for colonoscopy and number of colonoscopies performed each year for the past three years?</p>	Written	22/11/2022
SQ22-000664	Department of Health and Aged Care	Anne Ruston	Increase of school childrens vaping	<p>What is the Government doing to curb the increase of school children vaping?</p> <p>Has the Government had discussions with State and Territory Health Ministers regarding this rising issue?</p>	Written	22/11/2022
SQ22-000665	Department of Health and Aged Care	Anne Ruston	Meetings to discuss the matter of vaping in schools	How many official meetings has the Department of Health and Aged Care had with the Department of Education to discuss the matter of vaping in Schools?	Written	22/11/2022
SQ22-000666	Department of Health and Aged Care	Anne Ruston	Vaping amongst young Australians	<p>Has the Department provided advice to the Minister about the uptake in vaping amongst young Australians under 18?</p> <p>What was this advice?</p>	Written	22/11/2022
SQ22-000667	Department of Health and Aged Care	Anne Ruston	Education campaign on vaping	Is the Department considering an education campaign to promote the health issues associated with vaping?	Written	22/11/2022
SQ22-000668	Department of Health and Aged Care	Larissa Waters	Approval of male contraceptives on the Pharmaceutical Benefits Scheme	Are you aware of any application for approval of male contraceptives and inclusion of those contraceptives on the Pharmaceutical Benefits Scheme?	Written	21/11/2022
SQ22-000669	Department of Health and Aged Care	Lidia Thorpe	2032 Brisbane Olympics	<p>1. Can you please provide documentation of any agreements between the Federal Government and the International Olympics Committee or the Australian Olympics Committee regarding the 2032 Brisbane Olympics?</p> <p>2. We understand in the last government there was a joint planning</p>	Written	23/11/2022

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				<p>committee for the Olympics between the federal government and state government. Does this committee still exist?</p> <p>If no: Why has this committee been discontinued?</p> <p>If yes:</p> <p>a. Ted O'Brien, the member for the Sunshine Coast, and Senator Colbeck, were on that committee - who have they been replaced by after the election?</p> <p>b. Can you please provide us with a full list of who is on the committee?</p> <p>c. Please provide a list of meetings taken since the election be tabled, along with any agendas and minutes.</p>		
SQ22-000670	Australian Sports Commission	Lidia Thorpe	Head trauma in contact sports	<p>1. Have you considered the impacts on athletes of concussion and repeated head trauma in contact sports?</p> <p>If yes: please provide further detail.</p> <p>a. Which research have you considered and which stakeholders engaged with?</p> <p>b. What process have you undertaken to consider and address concussion and repeated head trauma in contact sports?</p> <p>If no: why not?</p> <p>2. Can you please outline your strategy to reduce concussion and repeated head trauma in contact sport?</p>	Written	23/11/2022
SQ22-000672	Department of Health and Aged Care	Gerard Rennick	Budget for the vaccine injury compensation scheme	<p>Is the \$77 million set aside in the budget for vaccine injuries expected to cover all outstanding claims?</p>	Written	20/11/2022
SQ22-000673	Australian Sports Commission	Lidia Thorpe	Engagement with sports on the ethics of sponsorship agreements	<p>4. Have you engaged with any sports on the ethics of their sponsorship agreements? Please provide details of these interactions, including who you have engaged with, what was discussed, what sponsorship arrangements might be in place or being reconsidered due to their implications, such as those by the gambling, alcohol or fossil fuel industries.</p>	Written	23/11/2022
SQ22-000674	Department of Health and Aged Care	Gerard Rennick	Misleading information by Professor Kelly and Adjunct Professor Skerritt	<p>Why should the Australian public trust either Professor Murphy, Professor Skerritt or Professor Kelly given they have all made statements that turned out to be grossly misleading? This includes Professor Kelly claiming the vaccines stopped transmission, Professor Murphy claiming there are no spike proteins in the blood and Professor Skerritt claiming the lipids used in the vaccine were like lipids in a steak one eats for breakfast, when</p>	Written	18/11/2022

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				in fact there are four lipids used in the vaccine some of which are cationic? Given these claims have been made in estimate hearings why aren't they held in contempt?		
SQ22-000676	Department of Health and Aged Care	Larissa Waters	Rollout of Waminda Nowra centre and birthing on country initiatives	Senator WATERS: I'd like to know the time frame for when the Waminda Nowra centre will be operational and whether or not the department is developing a work plan for a national rollout of birthing on country initiatives. Ms Rishniw: If you can give me some time to take that on notice, I'll be able to get some detail for you after the break. Senator WATERS: Thank you; I'd appreciate that.	Page 20	10/11/2022
SQ22-000678	Department of Health and Aged Care	Gerard Rennick	Disclosure of conflicts of interests to promote vaccines by the AMA	213. Does the AMA have to disclose their conflict of interests, such as payments from pharmaceutical companies or the fact their doctors get paid to administer vaccines, when they promote vaccines - if not, why not?	Written	21/11/2022
SQ22-000679	Department of Health and Aged Care	Gerard Rennick	Hospital costs for people in hospital with COVID-19	119. Has the Federal government covered half the hospital costs for people in hospital with Covid? Was this money reimbursed to State governments? If so, doesn't this create an incentive for State government to fudge Covid cases in hospital in order to milk the Federal government of Funding? 120. Does the Federal government reimbursing states such as NSW for "back capturing" whereby that State government counts people as having Covid, even if they had it 28 days prior to entering hospital and went to hospital for another reason such as a broken arm?	Written	21/11/2022
SQ22-000680	Department of Health and Aged Care	Gerard Rennick	ATAGI exemptions for people taking immunosuppressants	173. Is it wise to give a vaccine that is meant to stimulate the immune system at the same time as giving a drug that is meant to suppress the immune system such as Methotrexate? I note no testing was done on the immunosuppressed. Yet the ATAGI exemptions don't seem to give an exemption from the Covid vaccine for people taking Methotrexate or other immunosuppressants!	Written	21/11/2022
SQ22-000681	Department of Health and Aged Care	Gerard Rennick	Deaths from Remdesivir	206. How many people who died from Covid were given Remdesivir?	Written	21/11/2022
SQ22-000682	Department of Health and Aged Care	Gerard Rennick	Health professionals trained in casualty	197. Are health professionals familiar with or trained in causality assessment of individual adverse events following immunisation for the purposes of vaccine safety monitoring? If not, shouldn't they be?	Written	21/11/2022

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			assessments of adverse events from immunisations			
SQ22-000683	Department of Health and Aged Care	Gerard Rennick	Indemnity of COVID-19 vaccine sponsors	218. Why indemnify the sponsors of the Covid vaccines if the drug is safe and effective.?	Written	21/11/2022
SQ22-000684	Department of Health and Aged Care	Gerard Rennick	Specialists in the Office of the Gene Technology Regulator	160. Does the TGA or Office of Gene Technology have any geneticists or other relevant specialists reviewing the genotoxicity of the vaccine now?	Written	21/11/2022
SQ22-000685	Department of Health and Aged Care	Anne Ruston	Supply deals for registered vaccines	3. Can the Government guarantee that it will have supply deals in place for all vaccines registered by the TGA?	Written	21/11/2022
SQ22-000686	Department of Health and Aged Care	Gerard Rennick	Contract between Slovina and Pfizer	44. The contract between Slovina and Pfizer has been released where the government acknowledges in Dec 2020 ""The ...State further acknowledges that the long-term effects and efficacy of the Vaccine are not currently known."" Do Covid-19 contracts between the Australian Government and the pharmaceutical companies contain the same clause and if so, why did the authorities claim the vaccines were safe and effective when clearly the long-term effects were not known?	Written	21/11/2022
SQ22-000687	Department of Health and Aged Care	Lidia Thorpe	Support services for people affected by head trauma from contact sports	3. Can you please advise what support (financial, physical and mental health and other support services) you provide for those affected by concussion and repeated head trauma in contact sports, and their families?	Written	23/11/2022
SQ22-000688	Department of Health and Aged Care	Gerard Rennick	Pharmacists powers to administer vaccines on patients with adverse reactions	224. In the NSW Poisons and Therapeutic regulations act 2008 it says pharmacists must not give a vaccine to someone who previously has an adverse reaction to the first administration of that vaccine. If this is correct, then shouldn't the Federal government use its power under the Australian Immunization Register to tell the NSW government to stop mandating vaccines, especially to those who were injured by the first shot?	Written	21/11/2022
SQ22-000689	Department of Health and Aged Care	Gerard Rennick	Inconsistencies in comments about spike proteins in the blood	4. Professor Murphy said in estimates that there were no spike proteins in the blood. Yet Professor Skerrit said in an earlier round of estimates the spike proteins travel throughout the circulation. Given the confusion between two leaders in the Health Department what confidence can people have that there are absolutely no spike proteins in the blood when it is donated to the Red Cross?	Written	21/11/2022

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SQ22-000691	Australian Institute of Health and Welfare	Alexander Antic	Connection between increase to mortality rates and mRNA vaccine injections	<p>1. In 2022 so far, there were 111,008 deaths that occurred by 31 July and were registered by 30 September, which is 16,375 (17.3%) more than the historical average.</p> <p>a. To what extent are these excess deaths related to adverse events resulting from to COVID-19 vaccines?</p> <p>b. Is the Department investigating whether there is any possible connection between this significant increase to mortality rates and the COVID-19 mRNA vaccine injections?</p> <p>c. Is there any way of determining the COVID-19 vaccination status of those who represent the increased number of deaths in the first half of this year?</p> <p>d. If so, will this be done to establish whether there is a connection so that the vaccines can be ruled out as a cause?</p> <p>2. The Scottish government has ordered an inquiry into excess neonatal (newborn) deaths in Scotland, claiming that, "The average mortality rate among newborns is just over two per 1,000 births. In September 2021 at least 21 babies under four weeks old died, a rate of 4.9 per 1,000 births. And in March [2022] at least 18 died, the equivalent of 4.6 per 1,000 births."</p> <p>a. Has there been a similar increase in neo-natal deaths in Australia?</p> <p>b. What is the average mortality rate among newborns in Australia per 1,000 births, and has this increased over the past two years?</p>	Written	18/11/2022
SQ22-000692	Department of Health and Aged Care	Alexander Antic	National meetings to discuss amendments to International Health Regulations	<p>6. The World Health Organisation is holding meetings with representatives from various nations to discuss amendments to its International Health Regulations, which would become international law if agreed to by a majority of member states. However, these amendments are currently being kept secret.</p> <p>a. Is Australia participating in these meetings?</p> <p>b. Can you please produce copies of all proposals for amendment to the International Health Regulations proposed by member states (including Australia).</p>	Written	18/11/2022
SQ22-000693	Department of Health and Aged Care	Gerard Rennick	Health Department decisions on COVID-19 information	<p>237. Why did the Health Department compare Covid to the Black Plague which was caused by bacteria and poor sanitary conditions not a highly mutating RNA virus?</p> <p>282. Why did the Health Department pull down the number of Covid cases in Australia from its website – was it because they were too</p>	Written	21/11/2022

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				embarrassed at the fact over 10 million people caught Covid in just 9 months?		
SQ22-000694	Department of Health and Aged Care	Gerard Rennick	Investigation into virus	284. Is the Health Department going to investigate if the virus was man made? If not, why not?	Written	21/11/2022
SQ22-000695	Department of Health and Aged Care	Gerard Rennick	Booster rollout for 5-11 year olds	278. Why is the booster rollout for 5-11 years old continuing when other countries such as the UK are stopping?	Written	21/11/2022
SQ22-000696	Australian Digital Health Agency	Gerard Rennick	Rights to view medical history on My Gov	277. Why are 14-year-olds allowed to deny parents the right to see their medical history on My Gov?	Written	21/11/2022
SQ22-000697	Department of Health and Aged Care	Gerard Rennick	Restrictions to take antibody tests prior to being vaccinated	115. Why aren't people allowed to take antibody tests prior to getting a vaccine to see if they already have antibodies against Covid? 116. If a person already has antibodies against Covid why are they being forced into getting a vaccine?	Written	21/11/2022
SQ22-000698	Department of Health and Aged Care	Gerard Rennick	Health Department funding the Immunisation Coalition	281. Does the Health Department fund the Immunisation Coalition?	Written	21/11/2022
SQ22-000699	Department of Health and Aged Care	Gerard Rennick	Costs for COVID-19 antivirals	222. How much has been spent on Covid-19 anti-virals?	Written	21/11/2022
SQ22-000700	Department of Health and Aged Care	Anne Ruston	Care workforce numbers	1. What is the current number of vacancies in every state and territory for: a. Registered nurses b. Enrolled nurses c. General practitioners d. Mental health care workers e. Disability workers f. Aged care carers g. Allied health workers 2. Is the Department collating the current care workforce numbers and shortages? 3. Is the Department working on a national health and aged care workforce strategy?	Written	22/11/2022

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SQ22-000701	Department of Health and Aged Care	Malcolm Roberts	Birth rates in Australia	<p>Senator ROBERTS: Chair, I'd like to table some data. My questions are for the Chief Medical Officer. Birth rates have taken a turn for the worse, starting in July 2021, as provided by the Australian Bureau of Statistics. In December 2021, the last month we have data for, births were only 6,659 against an expected 21,070. That's an almost 70 per cent reduction in live births. This has never happened in the postwar period. It is happening now. Why?</p> <p>Prof. Kelly: I don't think I have an explanation for that, Senator, but I would say-</p> <p>Senator ROBERTS: You're the Chief Medical Officer.</p> <p>Prof. Kelly: If I could just continue. In my answer to previous questions from other senators, I think it's somewhat disingenuous to take one month-</p> <p>Senator ROBERTS: I'm taking the last six months, and especially the second-last month and the last month of 2021. It's already clear this is not an accident. This is not a chance event. This is a dramatic decrease in births.</p> <p>Prof. Kelly: I'll have to take that on notice, Senator.</p>	Page 83	10/11/2022
SQ22-000702	Department of Health and Aged Care	Malcolm Roberts	Newborn deaths and COVID vaccination	<p>Senator ROBERTS: Thank you, Minister. That's wonderful. The other thing following on from that is that this is a worldwide trend. Scotland has announced an inquiry into a 123 per cent increase in newborn deaths. Yet Scotland will not investigate the vaccination status of the mothers because 'it could be used to harm vaccine confidence at this critical time'. It sounds to me like we are doing the same thing here in your government, Minister.</p> <p>[...]</p> <p>Prof. Kelly: I would like to put on record for the committee the actual data from 2021 from the ABS. This would be provisional data, I would suggest, taken at a certain date. There's no sign of when you took that data. But here is the data as of 25 October 2022 from the ABS: Australia registered 309,996 births in 2021-an increase of more than 15,600 on registered births in 2020, lifting the total fertility rate to 1.7 babies per woman following a record low in 2020. It goes against your information. Senator ROBERTS: We took it around the same time, Professor Kelly. What is the number of births for December 2021?</p> <p>Prof. Kelly: I will look at that, but I'm sure that what you've tabled, Senator, is provisional data probably at the end of 2021 or early 2022.</p>	Page 84	10/11/2022

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				<p>This is the updated data as of the last month: 309,996, which would actually make 2021 the highest birth year right back before 2012.</p> <p>Senator ROBERTS: And that makes sense because of the lockdowns for the first part of 2021. What about-</p> <p>Senator Gallagher: That's for 2021. Senator ROBERTS: the second half of 2021 and particularly the last two months? Senator Gallagher: It's for the year.</p> <p>Senator ROBERTS: I understand that. Senator Gallagher: The data is for the year.</p> <p>Senator ROBERTS: I understand that. I think you need to check the first half and also the last half, especially the last two months. What are the figures for December 2021, Professor Kelly? Prof. Kelly: I'll look at that, Senator, as I said, and I'll provide that on notice.</p>		
SQ22-000703	Australian Digital Health Agency	David Pocock	Percentage of visits to emergency departments	<p>Senator DAVID POCOCK: Do you have the percentage of visits to the emergency department where the doctor is looking that up?</p> <p>Ms Cattermole: I've got public hospitals and so, yes, that's a pretty good proxy. Certainly, about 95 per cent of public hospitals are registered for the record. I'm sure that I can quickly find you exactly what the percentage is in use. Year on year, in terms of viewing of the record, public hospitals are up 160 per cent.</p> <p>Senator DAVID POCOCK: Starting from?</p> <p>Ms Cattermole: I'd have to take on notice, I think, where they were before. I've got some raw numbers for you, but the raw numbers can be a bit hard, because they're just humongous. For example, there was a viewing of 1,700,000 documents over the last 12 months. They're hard to get hold of.</p> <p>Senator DAVID POCOCK: I'd love to know the proportion of just how many-</p> <p>Ms Cattermole: What does look better is the percentage increase, and that's because you can see it.</p> <p>Mr McCabe: We've seen 22.2 million views in the last 12 months, which was up from 8.6 million views in the previous years in the public hospital context.</p> <p>Senator DAVID POCOCK: I appreciate the numbers, but I guess that I'm interested in this: for every 100 visits to emergency, how many of those patients have their-</p> <p>Ms Cattermole: I'd have to take that on notice.</p>	Pages 66-67	10/11/2022

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SQ22-000704	Department of Health and Aged Care	Alexander Antic	Indemnities given to pharmaceutical companies	<p>Senator ANTIC: Minister, if it is ultimately found that there was nefarious conduct with the data, in relation to the safety and efficacy of the vaccines, will the Australian government honour the indemnities given to pharmaceutical companies in relation to any future court action?</p> <p>Senator McCarthy: I'd like to take that question on notice, if I may.</p>	Page 65	10/11/2022
SQ22-000705	Department of Health and Aged Care	Larissa Waters	Timeframe of MBS taskforce reports and recommendations	<p>Ms Shakespeare: There are still a number of MBS taskforce reports and recommendations that the department is working through with external stakeholder groups in order to provide advice to government, so that the government can respond to the taskforce recommendations, and that's one area where we're continuing to do more work with the sector.</p> <p>Senator WATERS: Do you have a time frame on when that advice will be provided?</p> <p>Ms Shakespeare: Officers online from the Medical Benefits Division may have. Otherwise, we can take that on notice, and when the officers are here for outcome 2 later in the evening we can provide that information.</p> <p>Senator WATERS: I'll just ask my final question, just for completeness. Does the government intend to extend the MBS coverage for intrapartum item numbers to include home birth?</p> <p>Senator Gallagher: Not that I'm aware of, but if there is any further advice I can provide, I will update the committee. Not that I'm aware of, though.</p> <p>Senator WATERS: I'm grateful for you taking those questions on notice and for the folk online, too. Thank you.</p>	Pages 55-56	8/11/2022
SQ22-000708	Department of Health and Aged Care	Lidia Thorpe	First Nations health workforce	<ol style="list-style-type: none"> 1. Can you outline the barriers to growing the community-controlled health sector, and how you are working to overcome these? 2. Have you identified any issues with definitions of 'community controlled' and governance structures, and how you are working to overcome these? 3. ACCHOs are the most surveilled and regulated organisations in the country, to the point that it is a full time job keeping up with reporting requirements that takes them away from providing crucial services to mob. How do you think this can be dealt with? 4. I've spoken to staff from a newly formed ACCHO in West Arnhem Land, called Red Lily Health Service. They are having difficulty accessing funding due to being a new service, and have lost their resident doctor due a change to their remoteness classification from Very Remote to Remote. Is the department pursuing any measures to ensure this service can be properly resourced and the remoteness classification reviewed so they 	Written	14/12/2022

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				<p>can get a doctor back?</p> <p>5. Budget commitment for \$164 million for 'modern health clinics'. Who will be eligible for this funding? How much of it will go to ACCHOs versus mainstream services?</p> <p>6. \$54 million for First Nations health workforce. Where will these people train, and how will they be supported to access the positions?</p>		
SQ22-000709	Department of Health and Aged Care	Lidia Thorpe	Oral health in First Nations people	<p>1. Oral health is vitally important for overall health, including the prevention of rheumatic heart disease, with First Nations people in Australia having some of the highest rates of RHD in OECD.</p> <p>2. What are the current strategies taking place to improve the oral health of First Nations peoples, and have these been evaluated?</p> <p>3. Has the Dep of Health done any modelling on bringing oral healthcare into Medicare? Are you aware of any cost-benefit analyses on this, given that affordable dental care would save huge amounts of money down the track?</p> <p>4. Are there any dedicated dental services for First Nations women who have experienced family and domestic violence?</p> <p>5. What is the Dep of Health doing to ensure women experiencing domestic violence can receive appropriate dental services? What more do you think needs to be done in this area?</p>	Written	14/12/2022
SQ22-000710	Department of Health and Aged Care	Lidia Thorpe	Substance misuse experienced by First Nations people	<p>1. Has the Dep of Health assessed the cost of addiction experienced by First Nations people, including substances, alcohol, tobacco and gambling?</p> <p>2. How is the DoH supporting community-controlled sector to develop culturally appropriate approaches to substance misuse?</p>	Written	14/12/2022
SQ22-000711	Department of Health and Aged Care	Lidia Thorpe	Correspondence with Justice Policy Partnership to improve services for First Nations people	<p>1. Can you please provide more detail on how the DoH is working with relevant state departments and the Justice Policy Partnership to:</p> <ul style="list-style-type: none"> • Improve access of ACCHOs to detention facilities • Understanding the costs of providing culturally safe healthcare services to inmates, and cost-benefit analysis of this • Address the issues around through-care, including medication reconciliation and provision, referrals to appropriate services, and necessary supports and treatments to reduce the rate of recidivism • Provide effective mental health and drug and alcohol support throughout their time in custody and continuity <p>3. Racism in healthcare services, particularly in hospitals, is still a huge problem for First Nations people. What evidence is the department aware</p>	Written	14/12/2022

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				<p>of about the health impacts of racism, both in community and in healthcare services? Has there been any modelling on the total burden of health cost of racism against First Nations people in Australia?</p> <p>4. What is the Dep of Health doing to address racism in healthcare services?</p>		
SQ22-000712	Department of Health and Aged Care	Lidia Thorpe	Recommendations about eliminating discrimination from the health system	<p>5. The coronial inquest into the death of Naomi Williams made a number of recommendations about eliminating discrimination from the health system. Can you please provide an overview of the progress of these recommendations, including:</p> <ul style="list-style-type: none"> • That consideration is given to strengthening the Aboriginal Health Liaison Worker program – We would argue that we need the Aboriginal and/or Torres Strait Islander Health Worker and Practitioner workforce to be expanded and supported – they are clinically trained and provide education and health promotion, acting as cultural brokers in their communities. (ALO's should have minimum qualifications of Cert III A&TSI Primary Health Care. A&TSI Health Practitioners are required to have registration with AHPRA), by ensuring Aboriginal Health Liaison Workers are available 24 hours a day; and ensuring that all staff are aware that the NSW Health Policy "Notification/referral of Aboriginal Inpatients (MLHD PROC208) applies to patients who present at the Emergency Department as well as those who are admitted. • That consideration is given to adopting targets within the MLHD for the employment and retention of Indigenous health care professionals in numbers at least equivalent to the number of Indigenous residents in the local area. • That consideration is given to auditing the possibility of implicit bias by recording statistics for Indigenous and non-Indigenous patient triage categories, discharge against medical advice, triage times and referrals for drug and alcohol reviews for patients presenting to the Emergency Department at Tumut Hospital. • That consideration is given to identifying other assessment tools to measure the existence of implicit bias in the provision of health care and commit to making such tools available to Tumut Hospital. • That consideration is given to establishing targets for the proportionate representation of Indigenous people (by population and no less than two) on the Local Health Advisory Committee and Murrumbidgee Local Health 	Written	14/12/2022

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				<p>District Board.</p> <ul style="list-style-type: none"> • That consideration is given to establishing an ongoing consultation process with the HEAL (Healthy Enriched Aboriginal Living) Mawang (Together) Group with a view to developing a strong local model for providing culturally safe health care, in line with initiatives implemented by Hunter New England Health. • That consideration is given to seeking immediate consultation with Hunter New England Health in relation to strategies for developing culturally appropriate care, in line with the detailed model they have developed. <p>6. What is the federal government doing to oversee and review the implementation of these recommendations nationally?</p>		
SQ22-000713	Department of Health and Aged Care	Lidia Thorpe	Development of a culturally safe and respectful health workforce	<p>7. The Health Practitioner Regulation National Law has set a guiding principle for health associations to ensure the development of a culturally safe and respectful health workforce. What is the Department doing to ensure this principle is converted into practice in every state and territory as soon as possible?</p> <p>8. Has there been a national review of cultural safety frameworks implemented by healthcare services? What does the evidence say around how this should be done, and what the gold standard for cultural safety frameworks is?</p> <p>9. How is the Department working with health and medical associations to ensure they remain accountable and appropriate actions are taken when notifications of racial discrimination are made?</p> <p>10. How will you monitor and report with transparency any actions taken as a consequence of notifications?</p> <p>11. AIDA published a paper titled 'Incarceration: the disproportionate impacts facing Aboriginal and Torres Strait Islander people', which outlined various recommendations regarding self-determination, cultural safety, social determinants of health and the drivers of incarceration. What is the Federal Government doing to implement the AIDA recommendations?</p>	Written	14/12/2022
SQ22-000714	Department of Health and Aged Care	David Pocock	Expenditure target for preventive health by 2030	<p>Senator DAVID POCOCK: And there's an evaluation framework to track how we're going?</p> <p>Ms Rishniw: There is, and there are clear targets within that strategy and clear actions and targets within that. So there's clear implementation. A number of the initial actions are really setting up the first foundation</p>	Page 83	8/11/2022

				<p>pieces of that.</p> <p>Senator DAVID POCOCK: On the target to have five per cent of total health expenditure aimed at preventive health by 2030, how are we tracking? Where are we at the moment in this last budget?</p> <p>Ms Rishniw: I'll need to take that on notice, and I should also add that it includes a whole range of things like COVID prevention, vaccines-a whole range of things. But I will take that on notice and get you the figure on Thursday.</p>		
SQ22-000715	Department of Health and Aged Care	Gerard Rennick	Cationic lipids in blood in relations to vaccines	5. What confidence can people have that there is absolutely no cationic lipids in the blood when it is donated to the Red Cross three days after receiving a Covid vaccine? It is noted that lipids were still increasing in the body organs of rats after two days.	Written	21/11/2022
SQ22-000716	Department of Health and Aged Care	Malcolm Roberts	Who funding	5. What confidence can people have that there is absolutely no cationic lipids in the blood when it is donated to the Red Cross three days after receiving a Covid vaccine? It is noted that lipids were still increasing in the body organs of rats after two days.	Page 46	10/11/2022