

**Community Affairs
Legislation Committee**

Examination of Budget Estimates 2002-2003

Additional Information Received

VOLUME 6

Outcomes: whole of portfolio, 1, 2 & 9

HEALTH AND AGEING PORTFOLIO

FEBRUARY 2003

Note: Where published reports, etc. have been provided in response to questions, they have not been included in the Additional Information volume in order to conserve resources.

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF BUDGET EXPENDITURE FOR 2002-2003

Included in this volume are answers to written and oral questions taken on notice
relating to the estimates hearing on 21 November 2003

HEALTH AND AGEING PORTFOLIO

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Senator Susan Knowles
Chairman
Senate Community Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

Dear Senator Knowles

Correction to Answers provided to the Committee

I am writing to provide amended information in relation to responses to two questions which were taken on notice at the Budget estimates hearings of the Senate Community Affairs Legislation Committee on 5 and 6 June 2002.

Answers to questions 218 and 219 provided a range of information concerning marketing, promotional and advertising activities. Question 218 required input from a range of areas across the Department and this input was coordinated in a central area.

It has been brought to my notice that in coordinating the responses, there were some minor errors recorded relating to Questions 218 and 219. For the Committee's information I now attach the answers which include the correct information. The corrections relate to proposed expenditure on a PBS community awareness campaign (Questions 218 and Q219) and the omission of proposed expenditure on a generic medicines information strategy (Question 218).

I would like to apologise to the Committee for this error which was due to an administrative oversight in the coordinating area.

Yours sincerely,

Alan Law
Chief Operating Officer
Business Group

20 November, 2002

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2002-2003, 5 & 6 June 2002

Question: E02-218 [AMENDED]

OUTCOME: WHOLE OF PORTFOLIO

Topic: MARKETING CAMPAIGNS PLANNED FOR 2002-2003

Written Question on Notice

Senator McLucas asked:

- (a) What marketing/promotion/information/advertising campaigns are planned for the 2002-03 financial year?
- (b) Can you provide an estimated budget for each?

Answer:

| CAMPAIGN | ESTIMATED BUDGET |
|--|-----------------------------|
| The third year of the four-year Regional Health Strategy, communication strategy. | \$1 million |
| Ongoing implementation of the Health <i>Insite</i> communication strategy. | \$120,000 |
| Ongoing communication activities for the Asthma communication strategy. | \$200,000 |
| Ongoing communication activities for consumers for diabetes awareness within National Integrated Diabetes Program. | \$2 million |
| Implementation of the <i>Better outcomes in mental health care</i> initiative communication strategy. | \$200,000 |
| Implementation of the BMMS Field Test communication strategy | Budget yet to be determined |
| Beginning implementation of the PBS communications strategy | \$6.472 million* |
| Changes to Pathology Services Funding Phase 2 Information Material | \$159,000 |
| Ongoing implementation of the HealthConnect communications strategy | \$200,000 |
| Ongoing implementation of the Commonwealth Carelink Communication Strategy | \$400,000 |
| Ongoing implementation of the Communication/Information product for Quality Aged Care | \$1.5 million |
| Ongoing implementation of the Continence Management Communication Strategy | \$1 million |
| Implementation of the NHMRC communications strategy | \$300,000 |
| National Indigenous Pneumococcal and Influenza Immunisation Program | \$39,600 |
| National Childhood Pneumococcal and Immunisation Program | \$39,600 |
| National Alcohol Campaign | \$1.8 million |
| Breastscreen Australia | \$375,000 |
| National Cervical Screening Campaign | \$210,000 |

| | |
|--|---------------|
| National Illicit Drugs Campaign | \$9.6 million |
| National Tobacco Campaign | \$2.3 million |
| Generic medicines information strategy | \$500,000* |

* Accrual expense value

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2002-2003, 5 & 6 June 2002

Question: E02-219 [AMENDED]

OUTCOME: WHOLE OF PORTFOLIO

Topic: MARKETING/PROMOTION - PBS

Written Question on Notice

Senator McLucas asked:

- (a) Is the Department developing a specific marketing/promotion/information campaign for the PBS
- (b) How many staff are involved in the PBS campaign
- (c) What is the budget for the PBS campaign
- (d) What themes have been developed for any PBS campaign

Answer:

- (a) Yes
- (b) The Communication Strategy still needs approval from the Ministerial Committee on Government Communication and staff required to work on the campaign cannot be confirmed until level of campaign activity is agreed.
- (c) \$26.72 million over four years
- (d) To raise awareness and improve understanding of entitlements under the PBS.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-100

OUTCOME WHOLE OF PORTFOLIO

Topic: MEDIA MONITORING

Hansard Page: CA 61

Senator FAULKNER asked:

What are the rates [charged by Media Monitors]?

Answer:

The rates charged by Media Monitors are at Attachment A.

Press Monitoring

| | |
|--|---|
| News Express Retainer | \$230.00 per month |
| eXpress | \$495.00 per month |
| eXstream | \$495.00 per month |
| Press Clip charges | |
| National & Metropolitan Newspapers | \$1.15 per clip + copyright fee |
| Regional & Suburban Newspapers | \$1.15 per clip + copyright fee |
| Popular and Trade Magazines | \$1.15 per clip + copyright fee |
| International | \$5.50 per clip + copyright fee |
| Press Summaries as a single product | \$5.00 per summary all inclusive |
| Digital Clip | \$2.35 per clip (includes Headline Index) |
| Delivery charges apply to all services | |

Additional Services

| | |
|---|--|
| Additional copies | \$0.18 per page + copyright fee |
| Press Clip index | \$0.85 per clip |
| Customised Presentation | \$1.50 per page + copyright fee |
| Category sorting | \$21.00 per category per month |
| Political clip | \$400.00 per month |
| CD (eXpress) | \$25.00 per CD |
| Press Summaries | \$250.00 distribution rights fee per month |
| | \$2.50 per summary |
| Monitors (eg Health, Mining, Federal etc) | \$300.00 per month delivered |

Copyright Fees - Press

| | |
|-------------------|--------------------|
| Digital Clip | \$1.00 per clip |
| Photocopied clips | 15% of clip charge |

Broadcast Monitoring

| | |
|----------------------------|--------------------|
| Broadcast Retainer | \$160.00 per month |
| International | \$330.50 per month |
| Casual Retainer | \$45.00 per day |
| | \$140.00 per week |
| News Alerts | \$1.50 per summary |
| International | \$5.50 per summary |
| Cyber Alert | \$2.50 per alert |
| Syndication - Station List | \$0.33 per station |
| Syndication - Full Summary | \$0.88 per summary |

| | |
|---|--|
| Transcripts | \$21.00 per page |
| Video Clips First Clip up to 1 hour* Following Clips* Multiple Copies | \$120.00 per clip \$85.00 per clip \$60.00 per tape |
| Audio Clips First Clip up to 1 hour* Following Clips* Multiple Copies | \$98.00 per clip \$58.00 per clip \$55.00 per tape |
| Digital Services CD-ROMs CD-ROM Design Fee Regional Surcharge | \$55.00 per disk \$110.00 per hour \$30.00 per item ordered |
| Program Search | \$55.00 per program hour |
| * plus copyright and delivery charges | |
| Copyright Fees - Broadcast Commercial radio Nine Network TV Other commercial TV ABC | 5% 9% 6.5% 10% |
| Delivery Rates News Express Courier Parliament House Delivery Other Courier Post & Handling Express Post & Handling Local Faxing STD Faxing Email Digital Clip Email Fee Overnight Bag | \$8.00 per delivery \$6.00 per delivery Schedule per delivery \$5.50 per delivery \$10.00 per delivery \$1.20 per page \$1.90 per page \$1.10 per page \$0.30 per clip \$16.00 per delivery |

Rates effective March 2002
All prices inclusive of GST

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-101

OUTCOME WHOLE OF PORTFOLIO

Topic: MEDIA MONITORING COSTS CHARGED BY REHAME

Hansard Page: CA 97/98

Senator Faulkner asked:

Can the Department provide:

- (a) a description of the events which occurred
- (b) copies of the correspondence exchanged with Rehame
- (c) copies of relevant invoices

Answer:

(Please note that the figures in this document are GST exclusive and figures in the attachments may differ.)

- (a) The media monitoring provided by Rehame involved two elements: transcripts and newslines.

The routine practice for ordering transcripts prior to the events which occurred from July 2002 was either:

- the Media Adviser would request a specific transcript; or
- Rehame would advise of an issue attracting media coverage and offer a transcript.

In the case of newslines, Rehame provided newslines to the Department and Ministers' offices according to an agreed brief.

Invoices for transcripts provided were sent direct to the Minister's office in Parliament House by Rehame where an officer was responsible for checking that the goods had been received. The invoices for the transcripts were then sent to the Department (where delegation is exercised) for payment.

Given that newslines are provided only in accordance with Departmental specifications, invoices were sent by Rehame directly to the Department and paid.

Over July and August, the then Public Affairs, Parliamentary and Access Branch (PAPA) Administrative Liaison Officer identified a significant upward trend in:

- the numbers of invoices being provided to the Minister's office by Rehame for transcripts; and
- the cost of newlines to the Minister's office provided by Rehame.

These issues were brought to the attention of the then PAPA Assistant Secretary.

On 24 July 2002, the then PAPA Assistant Secretary met with the relevant Rehame representative to discuss the increase in newline charges. Newline services to Minister Patterson's office were suspended until further notice from 26 August 2002. This service was never reactivated.

The Department was advised that a further meeting was held between ministerial staff and Rehame management, at which it was pointed out to Rehame that the number of July and August invoices for transcripts appeared to have increased significantly. Rehame was advised at that meeting that a complete breakdown of the outstanding invoices for post June transcripts was required and that an analysis of the questionable invoices (totalling \$35,834.86) would be carried out by the Minister's office before any further payments were made.

From this analysis, a list of approved transcripts was provided to Rehame for comment. Subsequent agreement to the list was emailed to the Department. The agreed outstanding invoices for these transcripts were reduced from \$35,834.86 to \$7,188.68.

We also identified that Rehame had been charging a higher rate per transcript than that agreed in the contract with the Department. Rehame agreed to credit any over charging on the other invoices which had been ordered prior to 24 July. These invoices had been verified as valid and therefore had been paid.

The credit (\$2,477.56) was taken up to offset the outstanding invoices totalling \$7,188.68. The balance of \$4,711.12 was paid in October.

A further credit of \$6,037.88 was subsequently identified for invoices charged at the incorrect rate. This credit was applied to the outstanding invoices for newlines.

In November, agreement was also reached with Rehame in respect of two the outstanding invoices for newlines totalling \$60,279.68. Rehame advised that the incorrect rate had been charged and subsequently issued new invoices for this period totalling \$16,385.61. The further credit noted above (\$6,037.88) was taken up to offset the outstanding \$16,385.61. The balance of \$10,347.73 was paid.

- (b) Copies of correspondence between Rehame and the Department are at Attachment A. This material is in chronological order.
- (c) Copies of the relevant invoices are at Attachment B.

[Note: the attachment has not been included in the electronic/printed volume

SENATOR PATTERSON

2002

| | 2002 | | | | | | | | | | | | | |
|----------------|------|-------------|-------------|-------------|--------------|--------------|--------------|-------------|--------------|--------------|--------------|---------------|---------------|-------------|
| | 2001 | December | January | February | March | April | May | June | July | August | September | October | TOTALS | Average |
| REHAME | \$ - | \$ - | \$ 758.95 | \$ 2,917.71 | \$ 16,846.49 | \$ 51,274.45 | \$ 4,804.71 | \$ - | \$ - | \$ 21,006.45 | \$ - | \$ 4,943.98 | \$ 102,552.74 | \$ 9,322.98 |
| MEDIA MONITORS | \$ - | \$ 2,334.06 | \$ 2,667.03 | \$ 280.00 | \$ 1,500.00 | \$ 4,821.79 | \$ 7,632.97 | \$ - | \$ - | \$ 8,688.26 | \$ 7,484.82 | \$ 6,197.12 | \$ 41,606.05 | \$ 3,782.37 |
| AAP | \$ - | \$ - | \$ 243.60 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 243.60 | \$ 22.15 |
| NEWSPAPERS | \$ - | \$ - | \$ - | \$ 149.54 | \$ 1,382.72 | \$ 326.13 | \$ 2,018.43 | \$ 2,643.04 | \$ 373.81 | \$ 873.86 | \$ 864.96 | \$ 864.96 | \$ 8,632.49 | \$ 784.77 |
| OTHER | \$ - | \$ 676.26 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 113.27 | \$ - | \$ 54.18 | \$ - | \$ 843.71 | \$ 76.70 |
| TOTAL | \$ - | \$ 3,010.32 | \$ 3,669.58 | \$ 3,347.25 | \$ 19,729.21 | \$ 56,422.37 | \$ 14,456.11 | \$ 2,756.31 | \$ 30,068.52 | \$ 8,412.86 | \$ 12,006.06 | \$ 153,878.59 | \$ 13,988.96 | |

MINISTER ANDREWS

2002

| | 2002 | | | | | | | | | | | | | |
|----------------|------|-------------|----------|-------------|--------------|--------------|--------------|-----------|-------------|--------------|-------------|-------------|--------------|-------------|
| | 2001 | December | January | February | March | April | May | June | July | August | September | October | TOTALS | Average |
| REHAME | \$ - | \$ - | \$ 61.72 | \$ 3,480.95 | \$ 14,331.34 | \$ 50,314.96 | \$ 4,443.90 | \$ - | \$ 3,711.81 | \$ 76,344.68 | \$ 6,940.43 | \$ - | \$ 76,344.68 | \$ 6,940.43 |
| MEDIA MONITORS | \$ - | \$ 1,268.60 | \$ - | \$ - | \$ - | \$ - | \$ 5,381.77 | \$ - | \$ 684.35 | \$ 12,433.08 | \$ 1,130.28 | \$ - | \$ 12,433.08 | \$ 1,130.28 |
| AAP | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| NEWSPAPERS | \$ - | \$ - | \$ - | \$ - | \$ 318.67 | \$ 274.63 | \$ 603.68 | \$ 550.08 | \$ 1,246.52 | \$ 2,993.58 | \$ 272.14 | \$ - | \$ 2,993.58 | \$ 272.14 |
| OTHER | \$ - | \$ 1,156.55 | \$ - | \$ 37.36 | \$ 804.85 | \$ 937.33 | \$ - | \$ - | \$ - | \$ 3,451.39 | \$ 313.76 | \$ - | \$ 3,451.39 | \$ 313.76 |
| TOTAL | \$ - | \$ 2,425.15 | \$ - | \$ 99.08 | \$ 4,285.80 | \$ 15,147.10 | \$ 56,368.86 | \$ 274.63 | \$ 5,642.68 | \$ 95,222.73 | \$ 8,656.61 | \$ 8,656.61 | \$ 95,222.73 | \$ 8,656.61 |

TRISH WORTH

| | 2002 | | | | | | | | | | | | Average | | | |
|----------------|------|----------|-------------|-------------|-----------|-------------|-------------|-------------|-------------|-------------|-----------|---------|--------------|-------------|------|-----------|
| | 2001 | December | January | February | March | April | May | June | July | August | September | October | | TOTALS | | |
| REHAME | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| MEDIA MONITORS | | \$ - | \$ 981.02 | \$ 1,203.05 | \$ - | \$ 261.36 | \$ - | \$ 2,217.88 | \$ - | \$ 2,811.96 | \$ - | \$ - | \$ - | \$ 7,475.27 | \$ - | \$ 679.57 |
| AAP | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| NEWSPAPERS | | \$ - | \$ - | \$ - | \$ - | \$ 1,135.59 | \$ 725.13 | \$ - | \$ 1,012.00 | \$ 454.35 | \$ 606.02 | \$ - | \$ 3,933.09 | \$ 357.55 | \$ - | \$ - |
| OTHER | | \$ - | \$ 54.56 | \$ - | \$ 300.76 | \$ - | \$ 796.40 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,151.72 | \$ 104.70 | \$ - | \$ - |
| TOTAL | | \$ - | \$ 1,035.58 | \$ 1,203.05 | \$ 300.76 | \$ 1,396.95 | \$ 3,014.28 | \$ - | \$ 3,823.96 | \$ 454.35 | \$ 606.02 | \$ - | \$ 12,560.08 | \$ 1,141.83 | \$ - | \$ - |

Note - Average = Average Monthly Expenditure

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-020

OUTCOME WHOLE OF PORTFOLIO

Topic: COST OF EQUIPMENT PROVIDED TO DR WOOLDRIDGE BY THE
DEPARTMENT

Hansard Page: CA 67 & 68

Senator Faulkner asked:

- (a) What is the mobile phone worth?
- (b) What was the value of those fax machines?

Answer:

- (a) The mobile phone was purchased in 2000 for \$517
- (b) The Ricoh fax machine was purchased in 1998 for \$2,068 and the Sharp fax machine was purchased in 1999 for \$935.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-066

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: NEW VACCINE SCHEDULE

Written Question on Notice

Senator McLucas asked:

On September 5 the Australian Technical Advisory Group on Immunisation (ATAGI) announced its recommendations for vaccines to be included in the Australian Standard Vaccination Schedule. The information provided by the Minister for Health and Ageing in response to a Question on Notice from Senator Chris Evans indicates that the greatest benefit would come from the vaccination of people over 65 against pneumococcal disease and the replacement of the Oral Polio Vaccine (OPV) with Inactivated Polio Vaccine (IPV). Significant benefit would come from the introduction of childhood pneumococcal conjugate vaccination.

- (a) Of these recommended vaccines, which will be funded by the Government for inclusion on the schedule?
- (b) What is the timetable for making the decision about funding?
- (c) What is the timeframe for implementing the decision, once made?
- (d) Will this allow sufficient time for vaccine manufacturers to supply the Australian market?
- (e) If not, what are the consequences?
- (f) Is it true that the recommended change for Oral Polio Vaccine (OPV) to inactivated polio vaccine (IPV) and the current uncertainty regarding the timeframe of this means that orders to supply polio vaccine to Australian children for 2003 have not yet been placed?
- (g) Will the Government make a decision about polio vaccine in a; timeframe so these orders can be placed? (ie by end of November)
- (h) How does the Government intend to communicate with and educate doctors about the changes in the vaccine schedule?
- (i) What funds have been allocated for this?
- (j) Was the inclusion of meningococcal C vaccine into the National Vaccination Program one of the recommendations made by ATAGI?
- (k) If it was not, on what basis of benefit and cost did the Government approve the inclusion of meningococcal C vaccination, as announced by the Minister on 20 August 2002 and most recently on November 25, 2002?

Answer:

- (a) At this stage the Department cannot provide any specific information regarding which new vaccines the Government will recommend for funding, as the Department has not been informed of this decision.
- (b) As in the answer to question (a), the Department cannot comment on when the Government will either make or announce its decisions to fund new components of the Australian Standard Vaccination Schedule (the Schedule).
- (c) If a decision and announcement is made regarding funding of new vaccines on the revised Schedule, the Department will commence negotiations with vaccine suppliers, State and Territory governments, and immunisation providers on a suitable start date for the revised Schedule.
- (d) The negotiated start date will allow time for sufficient vaccine supplies to enter Australia.
- (e) This situation should not eventuate due to the negotiations as per answer (c) and (d).
- (f) Until any funding decisions are announced and plans for implementation of the revised Schedule are negotiated, orders for oral polio vaccine (OPV) will continue to be made. Currently there are orders in place for OPV in 2003.
- (g) Until a decision is made on funding IPV, OPV will continue to be supplied to Australian children, as per the current Schedule.
- (h) Any changes to the vaccination schedule will be accompanied by supporting communication including education, training and awareness raising of the new program.
- (i) The Government has announced funding for the Meningococcal C Vaccination Program. The Department is finalising the allocated budget for a supporting communication strategy in respect of this vaccine.
- (j) The recommendation for inclusion of meningococcal C conjugate vaccine to the Schedule was made by the ATAGI at their 4-5 July 2002 meeting. This decision was referred to the Government in late July 2002.
- (k) The recommendation for inclusion of meningococcal C conjugate vaccine on the Schedule was made by the ATAGI on the basis of incidence of disease, cost-effectiveness data, safety and efficacy of the vaccine, and public health good.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2002-2003, 21 & 22 November 2002

Question: E02-067

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: AUSTRALIAN NATIONAL COUNCIL ON DRUGS - FUNDING

Written Question on Notice

Senator McLucas asked:

- (a) Can you provide the travel allowance and sitting fee rates for all executive members and the Chair of the ANCD Board?
- (b) Can you provide the total sitting fees and travel allowances for the Chair of ANCD for each year since the Council's inception in 1998, year by year, including the purpose of travel?
- (c) Can you detail the cost and purpose of any overseas travel for the Chair since 1998?

Answer:

The information requested has been sought from the Australian National Council on Drugs (ANCD) and will be provided to the Committee upon receipt by the Department.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-068

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: NATIONAL ILLICIT DRUG STRATEGY - EVALUATIONS

Written Question on Notice

Senator McLucas asked:

- (a) \$67 million over 4 years was allocated in 1998 for the National Illicit Drug Strategy. Were the programs under this strategy ever evaluated? If so, when. If not, will they?
- (b) What has happened to the programs funded under the National Illicit Drug Strategy? Are they still funded/operational?

Answer:

- (a) Those aspects of the National Illicit Drug Strategy for which evaluations have been managed by the Department of Health and Ageing are as follows:
 - evaluative research to assess the impact of the National Illicit Drugs Campaign was completed in June 2001 and a report outlining campaign results is available on the campaign website: www.drugs.health.gov.au/campaign/research.htm
 - an evaluation of the Community Partnerships Initiative was completed in August 2002.
 - an evaluation of the Department of Health and Ageing's sponsorship of the 2002 Croc Festivals is currently underway.
 - an evaluation on the Australian Drug Information Network is currently underway.
 - a formal evaluation of the Non-Government Organisations Treatment Grants Programme is currently being considered.

(b) The programs funded under the National Illicit Drug Strategy are operational and still being funded. In addition, as part of the 2002-03 Budget, the Government announced additional funding for the following initiatives:

- \$61.5 million to continue the Non-Government Organisation Treatment Grants Programme;
- \$14 million to expand the Community Partnerships Initiative;
- \$1.2 million to support the Croc Festivals; and
- \$27.5 million to develop and introduce retractable needle and syringe technology to Australia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-069

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: EPO CAUSING RED CELL APLASIA

Written Question on Notice

Senator McLucas asked:

- (a) How many cases of red cell aplasia linked to EPO use have been reported in Australia?
- (b) What information has the TGA required to be provided to doctors using this drug?
- (c) Has the TGA required any changes in the use or labelling of EPO as a consequence of this problem?

Answer:

- (a) Up to 28 November 2002, the Therapeutic Goods Administration (TGA) has received 14 reports of pure red cell aplasia associated with the use of the recombinant erythropoietin (EPO), epoetin alfa (Eprex). There have been a further 22 reports described as 'therapeutic inefficacy' or 'therapeutic response decreased'.
- (b-c) In June and August 2002, the TGA sought advice from the Australian Drug Evaluation Committee (ADEC) concerning reports of pure red cell aplasia in patients receiving Eprex. The ADEC recommended that the sponsor of Eprex should issue a 'Dear Doctor' letter setting out all currently known facts about pure red cell aplasia and recommending intravenous use of the product, and should provide Consumer Medicine Information (CMI) leaflets to dialysis units setting out the currently known facts.

The sponsor of Eprex issued a 'Dear Doctor' letter on 10 July 2002. The sponsor has also updated the Prescribing Information for health professionals and the CMI to include information about pure red cell aplasia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-070

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: APPROVAL AND STERILISATION OF MEDICAL DEVICES

Written Question on Notice

Senator McLucas asked:

In July this year NSW Health and the TGA was obliged to recall sets of orthopedic instruments found to be contaminated with blood and tissue, despite sterilisation in accordance with procedures. Some 180 patients on whom the instruments were used were offered counselling and blood tests.

- (a) Were these medical devices approved by the TGA?
- (b) What are the criteria the TGA uses for approval of such devices?
- (c) If the use of these devices is not subject to approval what are the criteria the TGA uses to permit the marketing of such devices?
- (d) Does the TGA consider the design of devices in the light of possible contamination and the ability to successfully sterilise all of the devices?
- (e) In the light of this incident, has the TGA gone back and re-examined other medical devices that could have designs leading to the same problems?
- (f) If not, why not?

Answer:

- (a-c) At the time of the recall the type of orthopaedic instruments involved in this incident were exempt goods under Schedule 5 of the Therapeutic Goods Regulations 1990. Schedule 5 contains a list of therapeutic goods that are considered to be of low risk to users and are therefore not required to undergo any sort of approval process by the Therapeutic Goods Administration (TGA), and do not have to be entered in the Australian Register of Therapeutic Goods (ARTG), prior to being released onto the Australian Market. Manufacturers of exempt goods are still required to comply with any technical standards relevant to the particular device, and advertising and labeling provisions.

On 4 October 2002 the TGA implemented a new regulatory system for medical devices. Under the new system all medical devices are required to be “included” in the ARTG. Re-usable orthopaedic instruments, that are sterilised prior to use, will be Class I medical devices, which is the lowest risk class of medical devices. Regulatory agencies overseas also regard this type of device to be “low risk”. The TGA will not routinely assess the design of Class I medical devices. However, as part of the ARTG inclusion process, the manufacturer must make a declaration that the devices meet essential principles of safety and quality. Additionally, as with all medical devices, these instruments are subject to post-market scrutiny by the TGA. It should be noted that under the transition arrangements for the new system previously exempt devices have until 4 October 2004 to meet the new requirements. Therefore, manufacturers have until 4 October 2004 to include these devices in the ARTG.

The key elements of monitoring safety and quality of exempt devices is through the TGA’s postmarket monitoring program. This includes monitoring reports of adverse events through the Medical Device Incident Report Investigation Scheme (IRIS) and through the TGA laboratories testing devices being supplied in Australia.

A strong post-market monitoring program for all devices, which includes mandatory timeframes for reporting adverse incidents, is one of the essential pillars of the new regulatory system for medical devices.

- (d) In general, the TGA does consider the design of a device in the light of possible contamination and the ability to successfully sterilise or clean a device. However, assessment prior to marketing approval is only performed on the higher risk devices that are not exempt from listing or registration on the ARTG. The TGA has also contributed to the development of the nationally agreed Infection Control Guidelines, which deal with the sterilisation of reusable equipment, among other infection control issues.
- (e-f) In relation to the contaminated orthopaedic instruments IRIS received a report from a NSW hospital shortly after staff in that hospital first noticed the problem. It was largely due to the TGA’s involvement that the presence of blood was confirmed in some of the instruments in question. In both cases, the problem with these devices was related to the use of components (handles, impactors) made from the plastic acetal (also known as polyoxymethylene and Delrin). TGA Laboratories conducted tests to confirm that the handles made from fibre filled phenolic resin (a very common type of handle material) are not subject to the same problem that was noticed with the acetal handles. As a result of the TGA’s investigations the instruments were recalled and redesigned. The TGA has also overseen the recall and redesign of another instrument used in knee surgery which has the same design problem.

In light of this incident the TGA has conducted a survey of manufacturers of reusable surgical instruments of all sorts relating to the design of the instruments from the point of view of their ability to be effectively cleaned and sterilised. Many tens of thousands of instruments are within the scope of the survey. The results of the survey will be referred to a panel of infection control experts for their recommendations.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-055

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: INVESTMENT IN PREVENTIVE HEALTH

Written Question on Notice

Senator McLucas asked:

- (a) At recent estimates the Department was not able to provide a breakdown for the Government's investment in preventive health (page 52, PBS). Could you now do so?
- (b) What was the actual spend on preventive health in 2001-2002 and in which area?

Answer:

(a)

| Investment in Preventive Health | 2002/03 \$m |
|---|------------------------|
| Support for the Tobacco harm reduction measure | 2.20 |
| • Immunisation programs | 3.70 |
| • Centre for Excellence in Male Sexual and Reproductive Health (Andrology Australia) | 1.00 |
| • Ongoing implementation of the National Environmental Health Strategy | 1.12 |
| • Improving the evidence to support preventive health measures | 3.80 |
| • Implementation of the National Injury Prevention Plan | 1.37 |
| • National Cancer Control Initiative to provide expert advice, identify appropriate initiatives, and make specific recommendations on prevention, detection, treatment and palliation | 0.98 |
| • Combating infectious disease for indigenous communities | 7.24 |
| • HealthInsite | 1.40 |
| TOTAL | 22.81m |

(b)

| Investment in Preventive Health | 2001/02 \$m |
|---|------------------------|
| • Support for the tobacco harm reduction measure 2.40 | |
| • Immunisation programs 3.97 | |
| • Centre for Excellence in Male Sexual and Reproductive Health (Andrology Australia) 1.00 | |
| • Ongoing implementation of the National Environmental Health Strategy 0.90 | |
| • Improving the evidence to support preventive health measures 3.80 | |
| • Implementation of the National Injury Prevention Plan 0.99 | |
| • National Cancer Control Initiative to provide expert advice, identify appropriate initiatives, and make specific recommendations on prevention, detection, treatment and palliation 0.98 | |
| • Combating infectious disease for indigenous communities 5.13 | |
| • HealthInsite 1.40 | |
| TOTAL 22.81m | |

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-056

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOBACCO EXCISE WINDFALL

Written Question on Notice

Senator McLucas asked:

- (a) Has the Minister been provided with any advice relating to a proposal for recovery of a tobacco excise “windfall” of up to \$250 million arising from the change in tobacco taxation arrangements in 1997?
- (b) When was the Minister provided with such advice?
- (c) Have there been discussions between the PM&C and Health on this issue? If so, when?
- (d) When was the last time that advice was provided to the Minister or there was communication between Health and the PM&C on the issue?
- (e) Has the issue been placed on the COAG Agenda? Has Health provided advice in relation to COAG’s consideration of the issue?

Answer:

- (a) The Department has advised the Minister that this issue is a matter for the Treasurer.
- (b) 17 September 2002.
- (c) There were some discussions held between officers of PM&C and Health. Discussions took place in August and September 2002.
- (d) The Minister has not received any further advice. There has not been any further communication between Health and PM&C on this issue since September 2002.
- (e) The Department understands that this issue was not on the agenda for the COAG meeting of 6 December 2002 and has not provided any advice to COAG on the matter.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-057

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANTI-SMOKING MEASURES

Written Question on Notice

Senator McLucas asked:

- (a) What was the total expenditure on anti-smoking measures in 2001-2002 (excluding spending from within the 'investment in preventive health' measure)?
- (b) What is the forward estimates profile for anti-smoking measures (excluding spending from within the 'investment in preventive health' measure)?

Answer:

- (a) In addition to the money allocated under the preventive health measure (\$2.4 million) \$2.625 million was spent on the National Tobacco Campaign.
- (b) All expenditure on National Tobacco Strategy activities will be sourced from the preventive health measure. \$2.2 million per year has been allocated to tobacco harm reduction measures for the years 2002-03 to 2005-06. In addition, further funding is available for the National Tobacco Campaign on an annual basis.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-058

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDHOOD OBESITY

Written Question on Notice

Senator McLucas asked:

- (a) Does the Department fund any programmes which address childhood obesity?
- (b) How are these programmes funded?
- (c) Which other Departments are involved in measures which address childhood obesity?
- (d) Who is co-ordinating the Government's response to childhood obesity?
- (e) How much did the Government spend on the publication and distribution (disaggregated) of the newsletter to parents issued by the Minister for Children and Youth Affairs, Larry Anthony earlier this year?
- (f) Could the Committee be provided with a copy of the newsletter?
- (g) How is the newsletter distributed and how often is it proposed that it be published?

Answer:

- (a) Yes, the Department funds the following projects to address childhood obesity.
 - (i) The development of guidelines for the treatment and management of overweight and obesity by the National Health and Medical Research Council, for use by general practitioners both in adults and children.
 - (ii) The development of standard definitions of overweight and obesity for children and adolescents to ensure accurate and consistent monitoring and surveillance, and to measure the effectiveness of interventions.
 - (iii) A report by Australian experts on the evidence for *'Best Investments to address Childhood Obesity: A scoping Exercise'*.
 - (iv) Under the Public Health Education and Research Program, innovation funding is being provided for a sentinel site for obesity prevention to inform workforce training and policy development.
 - (v) The development of physical activity guidelines for children.

- (vi) The \$15 million National Child Nutrition Program funds grants to 114 community based projects to improve the nutrition and long term eating patterns of children aged 0 - 12 years of age and pregnant women. A high priority was given to projects in rural and remote communities, Aboriginal and Torres Strait Islander communities and lower socio-economic communities.
 - (vii) Updating of the current dietary guidelines for adults, children and adolescents. Funds have been provided to the National Health and Medical Research Council for this purpose.
 - (viii) Funding the development of *Eat Well Australia 2000-2010*, the national public health nutrition strategy which identifies promoting healthy weight and child and maternal health as priority areas.
 - (ix) The Department was a primary funder of the recently published book, *Getting Australia Active: towards better practice for the promotion of physical activity*, which reviews the evidence on health enhancing physical activity interventions in various settings (eg schools and communities) and population groups.
- (b) The National Child Nutrition Program was announced in December 1999 and \$15 million was allocated to this Program. \$2 million was absorbed within the existing Outcome 1 broad-banded appropriation and new money of \$13 million was made available in the 2000/2001 Budget.

All other projects listed in (a) above have been funded from the Outcome1 broad-banded appropriation.

- (c) The Department of Family and Community Services is specifically involved in measures which address childhood obesity. The Task Force on Childhood Development, Health and Wellbeing involves a wide range of departments who are all contributing to the development of a national agenda for children.
- (d) The Commonwealth Department of Health and Ageing.
- (e-g) These questions relate to the responsibilities of another portfolio.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-109

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ALCOHOL/SUBSTANCE USE

Hansard Page: CA 119

Senator Crossin asked:

In relation to the Alcohol Education Research Foundation (AERF):

What is the website address?

Answer:

www.aerf.com.au

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-089

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ALCOHOL/SUBSTANCE USE

Hansard Page: CA120-121

Senator Crossin asked:

In relation to the Alcohol Education Research Foundation (AERF):

- (a) Can the Department provide details of projects and funding provided by the AERF to address petrol sniffing?
- (b) Can the Department provide a copy of the 2001-02 AERF Annual Report to the Committee?
- (c) Does the Government have the capacity to influence the AERF to exceed the 20% minimum annual target for funding of projects directed to Aboriginal and Torres Strait Islander communities?
- (d) Who set up the AERF constitution (Articles of Memorandum and Association for incorporation)?
- (e) Can the Department provide a copy of the AERF Constitution (Articles of Memorandum and Association for incorporation) to the Committee?

Answer:

- (a) The AERF has advised that the following funding is being provided by the Foundation for projects to address petrol sniffing:
 - \$18,181.82 to the Mutitjulu Community Council Inc., NT, for the Mutitjulu Aboriginal Cultural Exchange project
 - \$63,581.82 to the NPY Women's Council Aboriginal Corporation to present a case to a Coronial Inquest
 - \$248,851.00 to Wu Chopperem Health Services, QLD, for the Substance Misuse Prevention Project.
- (b) A copy of the 2001-02 Annual Report is attached.
- (c) The Commonwealth can request a variation to the Funding Agreement it has with the Foundation to mandate a higher percentage of funding to be directed to Aboriginal and Torres Strait Islander communities.

- (d) The Department prepared the AERF Constitution to reflect the requirements of the Memorandum of Understanding between the Government and the Democrats and the requirements of the *Corporations Act 2001*. The Constitution was subsequently ratified by the AERF Board of Directors.
- (e) A copy of the Constitution is attached.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-007

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ALCOHOL/SUBSTANCE USE

Written Question on Notice

Senator Ridgeway asked:

What organisations have been funded to date by the Alcohol and Education and Rehabilitation Foundation to address alcohol abuse in Indigenous communities, and what level of funding have they received? Which of these organisations are Indigenous community controlled?

Answer:

The Alcohol Education and Rehabilitation Foundation has provided the attached list of organisations that have been funded by the Foundation to address alcohol abuse in Indigenous communities. All organisations are Indigenous community controlled.

E02-007

ATTACHMENT A

NORTHERN TERRITORY

| | | |
|----|---|--|
| 1 | Council for Aboriginal Alcohol Program Services – CAAPS | |
| 2 | Council for Aboriginal Alcohol Program unit - CAAAPU | |
| 3 | Council for Aboriginal Alcohol Program unit - CAAAPU | |
| 5 | Ngaanyatjara Pitjanjatjara Yankunytjatjara Women's Council Aboriginal Corporation * | |
| 6 | Naiyiyu Nambiyu Community Government Council | |
| 7 | Northern Territory Government policy partnership with Tangentyere Council and Central Australian Aboriginal Congress | |
| 8 | Anyinginyi Congress Aboriginal Corporation | |
| 9 | Mutitjulu Community Council Inc.* | |
| 10 | Institute of Aboriginal Development Inc. | |

PROJECT TITLE

| |
|---|
| Aboriginal Landcare Aftercare Program |
| Feasibility Study of development of Treatment and Rehabilitation facility |
| Life skills program |
| Coronial Inquest |
| Night Patrol |
| Night Patrol/Youth centre to support liquor restriction |
| Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico |
| Mutitjulu Aboriginal Cultural Exchange |
| Field trip to Redfern |

TOTAL

QUEENSLAND

| | | |
|---|--|--|
| 1 | Wu Chopperem Health Services* | |
| 2 | Aboriginal & Islanders Alcohol Relief Service Ltd | |
| 3 | Aboriginal & Islanders Alcohol Relief Service Ltd | |
| 4 | Wunjuada Aboriginal Corporation for Alcoholism & Drug Dependende Service | |
| 5 | Apunipima Cape York Health Council | |
| 6 | Kalkadoon Aboriginal Sobriety House | |
| 7 | Hinchinbrook Community Support Centre | |
| 8 | Northern Peninsula Area Women's Shelter Aboriginal & Torres Strait Islanders Corp. | |
| 9 | Cape York Rugby League and Sports Association Inc | |

| |
|---|
| Substance Misuse Prevention Project |
| Conference in Brisbane Winter in the Sun |
| 2 staff to attend First National Indigenous Substance Misuse Council Conference |
| Conference: 1st National Indigenous Substance Misuse Council Inc |
| Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico |
| First National Indigenous Substance Misuse Council Conference |
| Masters scholarship on Health Policy |
| Alcohol publications translated for local community |
| 2002 Alcohol Free Grand Final Weekend at Weipa on 14 & 15 Sept 2002. |

TOTAL

NEW SOUTH WALES

| | | |
|---|---|--|
| 1 | Maari Ma Health Aboriginal Corporation | |
| 2 | Dharah Gbinj- Casino Aboriginal Medical Service | |
| 3 | Tamworth Aboriginal Medical Service Inc. | |
| 4 | Indigenous Social Justice Association Inc. | |
| 5 | Moree Boomerang Rudge League | |

| |
|---|
| The Far West Youth Performance Project |
| Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico |
| Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico |
| 2002 Indigenous Education Conference and |
| 2002 National Indigenous Children's Issues Conference |
| 2002 Inaugural NSW Aboriginal Alcohol Free Rugby League Program. |

TOTAL

Excluding GST

| | |
|----|---------------------|
| \$ | 133,000.00 |
| \$ | 31,000.00 |
| \$ | 57,345.00 |
| \$ | 63,581.82* |
| \$ | 57,345.00 |
| \$ | 1,118,336.00 |
| \$ | 6,818.18 |
| \$ | 18,181.82* |
| \$ | 3,000.00 |
| \$ | 1,488,607.82 |
| \$ | 248,851.00* |
| \$ | 3,851.82 |
| \$ | 4,389.09 |
| \$ | 4,559.09 |
| \$ | 13,636.36 |
| \$ | 6,963.64 |
| \$ | 13,672.00 |
| \$ | 7,500.00 |
| \$ | 9,090.91 |
| \$ | 312,513.91 |
| \$ | 168,800.00 |
| \$ | 6,818.18 |
| \$ | 6,818.18 |
| \$ | 1,960.00 |
| \$ | 13,800.00 |
| \$ | 198,196.36 |

VICTORIA

| | | | | |
|---|---|---|----|------------------|
| 1 | Mungabareena Aboriginal Corporation | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 6,818.18 |
| 2 | Victorian Aboriginal Community Controlled Health Organisation Inc | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 13,636.36 |
| 3 | Victorian Aboriginal Health Service Co-operative Ltd. | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 6,818.18 |
| 4 | Njernda Aboriginal Corporation | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 6,818.18 |
| | | TOTAL | \$ | 34,090.90 |

SOUTH AUSTRALIA

| | | | | |
|---|--|--|----|-------------------|
| 1 | Port Lincoln Aboriginal Community Council | Port Lincoln Nunga Youth Project | \$ | 254,180.00 |
| 2 | Aboriginal Drug & Alcohol Council SA - NGO Body | Establish a South Australian Alcohol and Drug Agency Association | \$ | 15,630.00 |
| 3 | National Indigenous Substance Misuse Council Inc. 12 conference places | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 90,000.00 |
| 4 | Aboriginal Drug & Alcohol Council SA - Internet café | Internet café at the National Indigenous Substance Misuse Council (NISMIC) | \$ | 6,420.00 |
| | | TOTAL | \$ | 366,230.00 |

WESTERN AUSTRALIA

| | | | | |
|---|--|---|----|------------------|
| 1 | Wongatha Wongannarra Aboriginal Corporation | Patrol/Justice Work | \$ | 7,890.91 |
| 2 | West Aboriginal Medical Service & Wirdanging Time Festival | Wirdanging Noongar Cultural Festivals | \$ | 14,446.00 |
| 3 | The Kimberley Foundation | An alcohol counselling course at the Australian Institute on Alcohol & Addictions in Perth. | \$ | 1,800.00 |
| 4 | Geraldton Regional Aboriginal Medical Service | Conference: Healing Our Spirit Worldwide - Albuquerque New Mexico | \$ | 6,818.18 |
| | | TOTAL | \$ | 30,955.09 |

ACT

| | | | | |
|---|--------------------------------------|--|----|------------------|
| 1 | Buru Ngunawal Aboriginal Corporation | Investigation into the extent of alcohol abuse and misuse among members of the Indigenous community in the ACT and surrounding areas | \$ | 27,000.00 |
| | | TOTAL | \$ | 27,000.00 |

| | | |
|-----|----|---------------------|
| NT | \$ | 1,488,607.82 |
| QLD | \$ | 312,513.91 |
| NSW | \$ | 198,196.36 |
| VIC | \$ | 34,090.90 |
| SA | \$ | 366,230.00 |
| WA | \$ | 30,955.09 |
| ACT | \$ | 27,000.00 |
| | \$ | 2,457,594.08 |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-044

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMMUNISATION ISSUES

Written Question on Notice

Senator Crossin asked:

- (a) What are the recent ATAGI immunisation recommendations for pneumococcal vaccine/s with respect to the Aboriginal and Torres Strait Islander population (adults, teenagers and children)
- (b) When will these recommendations be implemented?
- (c) What budget allocations will be made to enable this implementation?
- (d) If less than full implementation is to occur, on what grounds has this decision been made?

Answer:

- (a) There have been no new recent recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) relating to the vaccination of Aboriginal and Torres Strait Islander peoples with pneumococcal vaccine.
- (b) The Commonwealth Government currently funds a national pneumococcal vaccination program for children considered at high-risk from pneumococcal disease. This program includes all children in Central Australia up to 4 years of age, all Aboriginal and Torres Strait Islander children to 2 years of age and children with specific identified medical risk factors. This program was first implemented and funded under the National Immunisation Program in 2000-01.
- (c) Funding for this program is made available annually under the Public Health Outcome Funding (PHOFA) agreements as follows:
 - 2001-02 \$8,422,825
 - 2002-03 \$6,542,609
 - 2003-04 \$4,251,333

Funding in first two years of program includes catch-up components. Additionally, \$400,000 was made available to States and Territories in 2000-01 for program support funding. This was Bill 1 funding not associated with the PHOFA. The funding in 2003-04 reflects the ongoing annual commitment made by the Commonwealth Government to reducing the burden of invasive pneumococcal disease in at risk infants nationally.

- (d) This question does not apply.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-065

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RETRACTABLE NEEDLES AND SYRINGES

Written Question on Notice

Senator McLucas asked:

- (a) How will the \$1.5 million allocated for the measure in 2002-2003 be spent?
- (b) How will the remaining \$26 million from the measure be spent?
- (c) What evidence is available that shows that retractable needles and syringes reduce needle stick injuries in health care settings and in public places?
- (d) Is retractable needle and syringe technology already in production or ready to go into production by Australian companies?
- (e) On what basis was it determined that the Australian retractable needle and syringe technology industry required additional government support?
- (f) What studies were prepared or consultations conducted with the industry or with community groups prior to the announcement of the initiative?

Answer:

- (a) Implementation of this initiative will be phased, commencing with a national consultation process with stakeholders representing the consumer groups to which the initiative relates. Funding for the first two years of the initiative will be directed towards developing an evidence-based approach. This includes assessing the potential public health impact, product utility, occupational safety benefit, and cost effectiveness of available technology.
- (b) Funding totalling \$7.5 million was allocated for the first two years of the initiative, which will be directed towards assessing the viability and cost-effectiveness of introducing retractable technology. The decision on how to allocate the remaining \$20.0 million would be premature until findings from the first two years of the initiative have been evaluated.
- (c) The introduction of retractable technology has been considered by a number of government and expert committees for a number of years. This initiative will determine the evidence-base, relative merit and cost benefit of retractable technology for each of the target groups.

- (d) In September 2002 the Department sought 'Requests for Information' from industry to submit information on retractable needle and syringe technology that is already in the market place or in development, to scope the status and availability of such devices. A range of approved retractable needles and syringes have been in the marketplace for some time, and others are seeking approval through the Therapeutic Goods Administration.
- (e) The 2002-2003 Federal Budget committed \$27.5 million over four years to fund an implementation strategy for the introduction of retractable needle and syringe technology. However, funds are not available under the first phase of this initiative for supporting the research and development or infrastructure requirements of industry.
- (f) In October 2001, as part of its *Tough on Drugs* strategy, the Federal Coalition announced the Retractable Needle and Syringe Technology Initiative within the context of the 2001 Federal Election.

The initiative arose out of community concerns about the risk of acquiring a blood-borne virus from discarded needles and syringes in public places, and about the risk of injury to health care workers by assessing the potential application of available retractable needle and syringe technology.

The Ministerial Council on Drugs (MCDS) considered the possible benefits and costs of introducing retractable technology for use in Needle and Syringe Programs during its meetings in 2000 and 2001.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-013

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FAMILY PLANNING CLINICS

Written Question on Notice

Senator Harradine asked:

At the Budget Estimates Hearings 5/6 June 2002 (Question EO2-082) a question was asked about numbers of people visiting Family Planning Clinics and the purpose of the visits for 2000-2001. Please provide the same information for the last 20 years.

Answer:

We have provided the information sought for the last six years, however the information for the previous 14 years is not readily available.

| Type of service provided (a) | 1996-1997 | 1997-1998 | 1998-1999 | 1999-2000 | 2000-2001 | 2001-2002(d) |
|---|------------------|------------------|------------------|------------------|------------------|---------------------|
| Contraceptive services | 72,463 | 64,486 | 62,040 | 58,450 | 70,584 | Not yet available |
| Reproductive and sexual health management ^(b) | 31,159 | 26,592 | 23,866 | 21,370 | 44,061 | Not yet available |
| Early intervention and health promotion services ^(c) | 127,807 | 113,193 | 107,554 | 97,820 | 68,541 | Not yet available |
| Total services | 231,429 | 204,271 | 193,460 | 177,640 | 183,186 | Not yet available |
| Number of client visits | 173,036 | 153,767 | 151,338 | 143,046 | 126,720 | 129, 887 |

(a) Excludes South Australia.

- (b) Includes management of menstrual irregularity, sexually transmitted infections and menopause, antenatal checks, postnatal checks and post-termination checks.
- (c) Includes Pap smears, breast checks, pregnancy tests, investigation and care of sexually transmitted infections, rubella tests and hepatitis tests.
- (d) This information was unable to be provided by Sexual Health and Family Planning Australia in the time requested. It is expected that this information will be available on 18 December 2002.

Source: Sexual Health and Family Planning Australia national database.

NB. There are definitional differences between Family Planning Organisations in the recording of clinical service use data. The Commonwealth and the Family Planning Organisations are currently developing a nationally consistent data proforma to address the discrepancies in this type of reporting.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: Amended E02-013

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FAMILY PLANNING CLINICS

Written Question on Notice

Senator Harradine asked:

At the Budget Estimates Hearings 5/6 June 2002 (Question EO2-082) a question was asked about numbers of people visiting Family Planning Clinics and the purpose of the visits for 2000-2001. Please provide the same information for the last 20 years.

Answer:

We have provided the information sought for the last six years, however the information for the previous 14 years is not readily available.

| Type of service provided (a) | 1996-1997 | 1997-1998 | 1998-1999 | 1999-2000 | 2000-2001 | 2001-2002 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| Contraceptive services | 72,463 | 64,486 | 62,040 | 58,450 | 70,584 | 42,534 |
| Reproductive and sexual health management ^(b) | 31,159 | 26,592 | 23,866 | 21,370 | 44,061 | 50,016 |
| Early intervention and health promotion services ^(c) | 127,807 | 113,193 | 107,554 | 97,820 | 68,541 | 80,078 |
| Total services | 231,429 | 204,271 | 193,460 | 177,640 | 183,186 | 172,628 |
| Number of client visits | 173,036 | 153,767 | 151,338 | 143,046 | 126,720 | 129, 887 |

(a) Excludes South Australia.

(b) Includes management of menstrual irregularity, sexually transmitted infections and menopause, antenatal checks, postnatal checks and post-termination checks.

- (e) Includes Pap smears, breast checks, pregnancy tests, investigation and care of sexually transmitted infections, rubella tests and hepatitis tests.

Source: Sexual Health and Family Planning Australia national database.

NB. There are definitional differences between Family Planning Organisations in the recording of clinical service use data. The Commonwealth and the Family Planning Organisations are currently developing a nationally consistent data proforma to address the discrepancies in this type of reporting.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 21 November 2002

Question: E02-014

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMPLANON/NORPLANT IMPLANTABLE CONTRACEPTIVES

Written Question on Notice

Senator Harradine asked:

In a question asked at the Additional Estimates hearings 20 February 2002 (Question E0200083) I asked if the Department would consider updating product information and consumer medicine information in light of certain information contained in a number of journal articles on Implanon. The TGA responded that it would review the reference provided and refer it to Organon Australia. Could the Department please advise as to whether this has taken place and of any outcome?

Answer:

Copies of the articles referred to in Question E0200083 were referred to the sponsor of this product, Organon (Australia) Pty Ltd.

Organon (Australia) responded that "... the primary mode of action of Implanon is inhibition of ovulation. If ovulation occurs in year three contraceptive efficacy is dependent on its secondary mode of action, changes in the cervical mucus which hinders spermatozoa passage. Experience with other progestogen only methods, which do not suppress ovulation as effectively as Implanon, has shown that thickening of the mucus confers protection in its own right." Organon (Australia) added, "It is our view that the Pharmacology section of the Product Information adequately and accurately describes the mode of action of Implanon."

The Therapeutic Goods Administration (TGA) has also reviewed these articles. The journal papers do not provide any new information about the contraceptive actions of Implanon, and the TGA does not consider that amendment of the Product Information for Implanon is required at this time.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-001

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: BIO - PHARMACEUTICALS

Written Question on Notice

Senator Stott Despoja asked:

- (a) Is it correct that plants can be engineered to produce pharmaceuticals, enzymes and industrial chemicals?
- (b) Is the Department directly or indirectly involved in any projects for the development of these so-called 'pharma foods'?
- (c) If so, please describe the projects, the participants, the objectives, the current status of the project and the degree of departmental participation, including funding.
- (d) Has the Department considered, proposed or drafted any protocols or processes specifically intended to address pharma foods?
- (e) If so, could you please provide to the Committee.

Answer:

- (a) Yes.
- (b-c) In addition to the projects identified in answer to question on notice E02-003, the Office of the Gene Technology Regulator's (OGTR) does regulate some contained dealings with what might be described as 'pharma foods' but has not received any applications for field trials or commercial release. OGTR processes do not require a researcher to specifically identify whether a project involves 'pharma foods'. However, a search of approximately 1500 research projects has identified the following that may fall within this description:

| GMAC/OGTR Identification Number | Description |
|--|--------------------|
|--|--------------------|

| | |
|------|---|
| 5267 | Evaluation of viral vectors for expression of mammalian viral or bacterial antigens for the development of plant-derived vaccines – Tobacco, lettuce, brassica spp. |
|------|---|

- 4900 plant based vaccines I – plants, vaccines unknown
- 4966 plant based vaccines III – genetically engineered plants as edible vaccines for infectious diseases of pigs and cattle – potato and carrot
- 4571 Use of tobacco protoplasts and transgenic tobacco as a model to evaluate fusion-transgenes which encode candidate vaccine antigens modified for improved oral immunogenicity
- 4994 Expression of human papillomavirus and chlamydia epitopes in plants – tobacco and potato plants
- 4901 Plant based vaccines II
- 4290 The development and utilization of tobacco mosaic virus (TMV) transient expression system for the evaluation of immunocontraceptive antigens expressed in plants tobacco plants ... mammalian genes
- 4289 Development and evaluation of transgenic plants as inexpensive oral vaccine delivery systems – tobacco, carrots, maize – mammalian genes
- 5307 Control of rabbit populations by expression of reproductive antigens in grain legumes – tobacco and subterranean clover –porcine gene
- 2796 Expression of mammalian growth factor in plant tissue – tobacco and tomato
- 5488 Biodegradable plastics from sugarcane
- 159 tobacco and lettuce – vaccine for japanese encephalitis
- 157 tobacco and lettuce – malaria vaccine
- 132 tobacco and lettuce – measles and cholera vaccine
- 135 tobacco – human growth factor
- 76 tobacco and lettuce – measles and HIV Vaccines
- 95 lettuce, tomato, tobacco, carrot – veterinary therapeutics/immunocontraceptives

There are possibly other contained dealings regulated by the OGTR involving ‘pharma foods’ that cannot be identified as such from the description of the project supplied by the researcher.

Further information about individual projects is publicly available on the OGTR website (www.ogtr.gov.au). The applicants are not required to disclose funding sources to the OGTR.

(d-e) There are no genetically modified 'pharma food' research projects nearing the stage of commercialisation in Australia to the Department's knowledge. However, if the pharma food involved gene technology and a licence application for field trials of these types of crops were to be made, then in accordance with the *Gene Technology Act 2000*, the OGTR would consult with the Therapeutic Goods Administration in respect of genetically modified (GM) pharmaceuticals, Food Standards Australia New Zealand in respect of GM food, and the National Industrial Chemicals Notification and Assessment Scheme in respect of GM industrial chemicals. Protocols specifically intended to address 'pharma-foods' may be developed if the need to do so is identified during this consultation.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-002

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: BIO-PHARMACEUTICALS

Written Question on Notice

Senator Stott Despoja asked:

Does the Department agree with the with the statement made by the American National Academy of Sciences that "it is possible that crops transferred to produce pharmaceutical or other industrial compounds might mate with plantations grown for human consumption, with the unanticipated result of novel chemicals in the human food supply"?

Answer:

The above information is a misquote of the [American] National Academy of Science response to the report entitled "Manufacturing Drugs and Chemicals in Crops: Biopharming Poses New Threats to Consumers, Farmers, Food Companies and the Environment" which was produced by the Genetically Engineered Food Alert coalition. The National Academy of Science quotation reads "It is possible that crops transformed to produce pharmaceutical or other industrial compounds might mate with plantations grown for human consumption, with the unanticipated result of novel chemicals in the human food supply." [emphasis added]

The Department agrees with the National Academy of Science quotation. It is for this reason that the *Gene Technology Act 2000* (the Act) requires the Gene Technology Regulator to prepare a Risk Assessment and Risk Management Plan for each licence application for the intentional release of a genetically modified (GM) organism, including GM bio-pharmaceuticals, into the environment.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-003

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: BIO-PHARMACEUTICALS

Written Question on Notice

Senator Stott Despoja asked:

Has the Department conducted any studies into the potential impacts of the use of bio-pharmaceuticals, including:

- Potential allergic reaction;
- Other potential impacts on human health;
- Potential toxicity thresholds for humans and other fauna, including insects;
- Potential handling, absorption and inhalation issues;
- Potential for bioaccumulation of bio-pharmaceuticals'; and
- Persistence and impacts of bio-pharmaceuticals in the soil.

Answer:

The Department of Health and Ageing has not conducted any studies into the potential impacts of the use of bio-pharmaceuticals.

The Therapeutic Goods Administration (TGA) is the Commonwealth regulatory agency within the Health Department responsible for carrying out a range of assessment and monitoring activities to ensure that all therapeutic goods available in Australia are of an acceptable standard. The responsibility for conducting studies on the quality, safety and efficacy of pharmaceuticals and bio-pharmaceuticals lies with companies wishing to market these products in Australia. The TGA assesses these studies and other available data to ensure that these substances do not have adverse impacts on human health, including the potential for allergenicity.

The TGA's responsibilities are defined by its legislation and it currently does not assess environmental issues with respect to bioaccumulation, persistence, or potential impacts of bio-pharmaceuticals on fauna, insects, or organisms in the soil.

The Office of the Gene Technology Regulator (OGTR) within the Health Department regulates dealings with Genetically Modified (GM) products, but only where the products are not regulated by an existing agency which, in the case of bio-pharmaceuticals, is the TGA. However, where a biopharmaceutical is produced using the techniques of gene technology and the research and trialling of the plant or organism used to produce the biopharmaceutical occurs in Australia, the OGTR considers and assesses both environmental and public health risks. To date there have been no field trials of such plants or organisms.

In addition, the National Health and Medical Research Council (NHMRC) has provided financial grants for studies of 'bio-pharmaceuticals' related to areas such as immunology, rheumatology and cell biology.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-004

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: BIO-PHARMACEUTICALS

Written Question on Notice

Senator Stott Despoja asked:

- (a) Does the Department agree that there are special problems associated with regulation and control of pharmaceuticals contained in plants beyond those associated with other GM crops?
- (b) Does the Department agree that the viability of the bio-pharmaceutical industry relies on achieving sufficiently high concentrations of the desired foreign protein?
- (c) Is the Department aware that there has been substantial open-field testing of pharm foods in the United States?
- (d) Is the Department aware, also, that measures for containment of those GM crops frequently depends on the farmer - for instance, cleaning of equipment or 'detasseling' the corn plant?
- (e) Does the Department consider such measures are adequate?

Answer:

- (a) No – analogous concerns are assessed in respect of each licence application for the intentional release of a genetically modified organism into the environment. After harvest the medicinal ingredient aspects would be subject to appropriate evaluation by the TGA of quality, safety and efficacy before they can be supplied in Australia.
- (b) Not necessarily. It may sometimes be commercially feasible to extract a substance from a large volume of plants where the expression is at a low concentration.
- (c) Yes.
- (d) Such control measures would ordinarily be imposed as licence conditions on the intentional release of a genetically modified organism by the regulatory authority.
- (e) In the Australian gene technology regulatory system, there would be a requirement for a case-by-case assessment of suitable conditions in respect of each individual application for the intentional release of a genetically modified organism into the environment.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-005

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: STARLINK CORN

Written Question on Notice

Senator Stott Despoja asked:

Over 18 months ago, it was reported to your Department that StarLink corn - a genetically modified corn variety not considered fit for human consumption - was found in commercial food samples in Australia. The story was reported in *The Courier Mail* citing evidence provided by a gene testing firm which claims to have detected StarLink in up to 28% of samples tested.

In response to correspondence on this issue, the Hon Trish Worth - Parliamentary Secretary to the Minister for Health and Ageing - indicated that the claim by the gene testing firm 'is yet to be confirmed'.

- (a) Could you outline exactly what steps the government has taken to investigate the claims made by the gene testing firm, when those steps were taken and actions taken as a result of any investigations?
- (b) Have any of the foods claimed by the firm to have been contaminated been independently tested by the Government?
- (c) If so, could you provide details and results of those tests.
- (d) Were any of the foods alleged to be contaminated ultimately sold?
- (e) Why haven't you been able to confirm or reject the claims within an 18 month period?
- (f) Is it fair to say that foods containing StarLink at the time of the claim - if the claims were true - are now likely to have been consumed by the Australian public, despite the fact that StarLink is not approved for human consumption?

Answer:

Under the Constitution of Australia, no powers are granted to the Commonwealth to regulate food. Under the Inter-Governmental Agreements of 1991, 2000 and 2002, and a related Australia-New Zealand Treaty, the Commonwealth, States and Territories and New Zealand agreed on measures to achieve an efficient harmonised food standards system for Australia and New Zealand, under which a single authority is responsible for reviewing and developing food standards for the two countries, within policy guidelines set by the Australia and New Zealand Food Regulation Ministerial Council. The Authority now performing that role is Food Standards Australia New Zealand (FSANZ).

Under these arrangements and the relevant legislation of the Commonwealth, State, Territory and New Zealand Governments, the responsibility for enforcement of the standards lies with the relevant State, Territory and New Zealand agencies. The only exception to this relates to the importation of foods which is regulated by the Australian Quarantine and Inspection Service (AQIS). AQIS performs this function on advice from FSANZ.

The report concerning the alleged presence of food products containing StarLink was not made to FSANZ 18 months ago. The comment was made more recently by a local analytical company and concerned tests for StarLink undertaken some 18 months ago.

The company making the claims has declined to provide information that would allow the identification of the particular batches of foods tested, the analytical methods used or the intended use of the reported GM materials. The Commonwealth does not have the power to require such information from a private testing laboratory. As indicated above, the responsibility and the related powers lie with the State and Territory Governments, for regulation of foods produced and sold in Australia, apart from the control of foods entering this country.

FSANZ has now assessed some 20 GM food commodities for sale in Australia and has found all of these to be at least as safe for human consumption as their conventional counterparts. These have now been approved and included in the *Australia New Zealand Food Standards Code* as foods which may lawfully be sold here. StarLink has not been the subject of an application and, therefore, has not been assessed for its safety for sale in Australia.

FSANZ is not aware of any independent testing in Australia for the presence of StarLink.

Although some corn is imported, manufacturers of corn products in Australia have assured FSANZ they do not import corn for processed foods and only use local produce. Locally produced corn is not genetically modified. FSANZ has been informed that StarLink corn was last produced in the USA in 2000 and production has now ceased. Given the above, it is unlikely that products containing StarLink corn have been offered for sale in Australia and/or been consumed by the Australian public.

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - ALL SERVICES
 NUMBER AND % OF SERVICES BULK BILLED
 BY FEDERAL ELECTORAL DIVISION
 12 MONTHS TO SEPTEMBER 2002 SEPTEMBER QUARTER 2002**

| Electorate | Ser BB | Total Ser | % BB | Ser BB | Total Ser | % BB |
|--------------------|---------------|------------------|-------------|---------------|------------------|-------------|
| Adelaide | 1,019,541 | 1,483,688 | 68.7% | 252,924 | 382,935 | 66.0% |
| Aston | 1,123,960 | 1,587,039 | 70.8% | 289,474 | 421,303 | 68.7% |
| Ballarat | 685,959 | 1,239,729 | 55.3% | 174,441 | 330,684 | 52.8% |
| Banks | 1,380,319 | 1,735,099 | 79.6% | 363,670 | 457,830 | 79.4% |
| Barker | 717,147 | 1,273,627 | 56.3% | 180,941 | 334,844 | 54.0% |
| Barton | 1,507,530 | 1,849,719 | 81.5% | 393,769 | 484,994 | 81.2% |
| Bass | 542,197 | 937,302 | 57.8% | 144,453 | 251,133 | 57.5% |
| Batman | 1,403,554 | 1,736,494 | 80.8% | 367,099 | 461,987 | 79.5% |
| Bendigo | 682,232 | 1,179,580 | 57.8% | 178,364 | 311,192 | 57.3% |
| Bennelong | 1,187,812 | 1,639,683 | 72.4% | 312,418 | 431,243 | 72.4% |
| Berowra | 1,042,880 | 1,633,647 | 63.8% | 274,692 | 434,333 | 63.2% |
| Blair | 924,955 | 1,291,498 | 71.6% | 238,764 | 340,602 | 70.1% |
| Blaxland | 1,878,278 | 2,100,648 | 89.4% | 499,373 | 558,876 | 89.4% |
| Bonython | 1,317,624 | 1,583,714 | 83.2% | 344,440 | 417,514 | 82.5% |
| Boothby | 930,923 | 1,552,045 | 60.0% | 228,967 | 401,511 | 57.0% |
| Bowman | 1,221,776 | 1,673,152 | 73.0% | 303,088 | 432,408 | 70.1% |
| Braddon | 649,512 | 988,115 | 65.7% | 165,544 | 258,683 | 64.0% |
| Bradfield | 939,192 | 1,699,808 | 55.3% | 239,311 | 441,912 | 54.2% |
| Brand | 924,405 | 1,308,445 | 70.6% | 238,250 | 343,669 | 69.3% |
| Brisbane | 1,008,819 | 1,566,033 | 64.4% | 245,815 | 402,921 | 61.0% |
| Bruce | 1,205,660 | 1,650,719 | 73.0% | 311,587 | 435,756 | 71.5% |
| Burke | 1,107,392 | 1,577,119 | 70.2% | 287,569 | 418,420 | 68.7% |
| Calare | 827,695 | 1,222,239 | 67.7% | 219,607 | 322,641 | 68.1% |
| Calwell | 1,554,454 | 1,882,513 | 82.6% | 408,074 | 507,141 | 80.5% |
| Canberra | 825,581 | 1,460,149 | 56.5% | 213,805 | 386,900 | 55.3% |
| Canning | 759,358 | 1,138,134 | 66.7% | 193,544 | 298,429 | 64.9% |
| Capricornia | 624,979 | 1,197,226 | 52.2% | 159,651 | 312,986 | 51.0% |
| Casey | 894,088 | 1,380,346 | 64.8% | 230,269 | 367,701 | 62.6% |
| Charlton | 899,154 | 1,383,974 | 65.0% | 234,316 | 366,277 | 64.0% |
| Chifley | 1,793,947 | 1,941,437 | 92.4% | 482,880 | 521,657 | 92.6% |
| Chisholm | 1,069,337 | 1,560,548 | 68.5% | 276,757 | 411,639 | 67.2% |
| Cook | 1,141,654 | 1,666,683 | 68.5% | 294,900 | 439,711 | 67.1% |
| Corangamite | 592,163 | 1,271,623 | 46.6% | 147,843 | 332,448 | 44.5% |
| Corio | 744,427 | 1,313,890 | 56.7% | 191,603 | 345,728 | 55.4% |
| Cowan | 982,062 | 1,325,193 | 74.1% | 258,547 | 351,903 | 73.5% |
| Cowper | 809,177 | 1,291,752 | 62.6% | 211,154 | 338,900 | 62.3% |
| Cunningham | 1,227,596 | 1,603,204 | 76.6% | 312,049 | 419,546 | 74.4% |
| Curtin | 798,869 | 1,379,776 | 57.9% | 202,545 | 358,089 | 56.6% |
| Dawson | 858,192 | 1,381,491 | 62.1% | 229,190 | 364,197 | 62.9% |
| Deakin | 997,978 | 1,491,512 | 66.9% | 259,901 | 396,819 | 65.5% |
| Denison | 564,827 | 1,095,871 | 51.5% | 145,526 | 286,981 | 50.7% |
| Dickson | 883,758 | 1,439,544 | 61.4% | 211,979 | 372,775 | 56.9% |
| Dobell | 1,017,189 | 1,516,043 | 67.1% | 261,513 | 398,796 | 65.6% |
| Dunkley | 916,823 | 1,449,297 | 63.3% | 223,951 | 384,019 | 58.3% |
| Eden-Monaro | 666,958 | 1,172,642 | 56.9% | 175,686 | 311,562 | 56.4% |
| Fadden | 1,222,818 | 1,685,642 | 72.5% | 312,937 | 440,465 | 71.0% |
| Fairfax | 1,099,030 | 1,560,341 | 70.4% | 271,682 | 407,218 | 66.7% |

| | | | | | | |
|------------------------|-----------|-----------|-------|---------|---------|-------|
| Farrer | 617,652 | 1,144,187 | 54.0% | 159,766 | 300,421 | 53.2% |
| Fisher | 1,382,970 | 1,812,381 | 76.3% | 335,607 | 469,086 | 71.5% |
| Flinders | 928,410 | 1,534,951 | 60.5% | 238,950 | 405,013 | 59.0% |
| Forde | 1,193,928 | 1,500,758 | 79.6% | 307,440 | 392,939 | 78.2% |
| Forrest | 687,937 | 1,134,784 | 60.6% | 181,589 | 302,446 | 60.0% |
| Fowler | 1,961,218 | 2,119,236 | 92.5% | 524,913 | 567,671 | 92.5% |
| Franklin | 563,019 | 1,066,878 | 52.8% | 149,066 | 280,846 | 53.1% |
| Fraser | 817,717 | 1,461,606 | 55.9% | 204,415 | 387,106 | 52.8% |
| Fremantle | 936,125 | 1,367,242 | 68.5% | 233,102 | 354,399 | 65.8% |
| Gellibrand | 1,288,576 | 1,547,978 | 83.2% | 333,208 | 405,992 | 82.1% |
| Gilmore | 978,415 | 1,442,811 | 67.8% | 251,749 | 380,754 | 66.1% |
| Gippsland | 690,062 | 1,178,521 | 58.6% | 178,392 | 311,782 | 57.2% |
| Goldstein | 1,051,453 | 1,849,885 | 56.8% | 277,487 | 495,533 | 56.0% |
| Grayndler | 1,448,283 | 1,711,314 | 84.6% | 378,741 | 450,328 | 84.1% |
| Greenway | 1,620,517 | 1,901,943 | 85.2% | 436,293 | 511,396 | 85.3% |
| Grey | 827,489 | 1,182,191 | 70.0% | 212,996 | 311,367 | 68.4% |
| Griffith | 1,125,514 | 1,655,881 | 68.0% | 278,166 | 428,262 | 65.0% |
| Groom | 848,732 | 1,403,172 | 60.5% | 205,626 | 362,150 | 56.8% |
| Gwydir | 829,120 | 1,201,953 | 69.0% | 221,135 | 317,174 | 69.7% |
| Hasluck | 944,118 | 1,311,269 | 72.0% | 240,459 | 342,296 | 70.2% |
| Herbert | 779,564 | 1,282,301 | 60.8% | 198,311 | 332,526 | 59.6% |
| Higgins | 941,731 | 1,666,878 | 56.5% | 246,570 | 445,453 | 55.4% |
| Hindmarsh | 1,037,918 | 1,598,239 | 64.9% | 256,155 | 413,158 | 62.0% |
| Hinkler | 679,767 | 1,270,376 | 53.5% | 179,221 | 337,360 | 53.1% |
| Holt | 1,350,187 | 1,729,264 | 78.1% | 349,684 | 464,021 | 75.4% |
| Hotham | 1,159,171 | 1,568,961 | 73.9% | 301,037 | 414,668 | 72.6% |
| Hughes | 1,178,504 | 1,644,331 | 71.7% | 310,731 | 439,334 | 70.7% |
| Hume | 841,719 | 1,300,391 | 64.7% | 222,532 | 347,770 | 64.0% |
| Hunter | 744,193 | 1,241,912 | 59.9% | 193,588 | 329,153 | 58.8% |
| Indi | 670,366 | 1,209,872 | 55.4% | 162,593 | 312,225 | 52.1% |
| Isaacs | 1,093,238 | 1,547,460 | 70.6% | 278,570 | 409,965 | 67.9% |
| Jagajaga | 1,033,015 | 1,518,757 | 68.0% | 269,941 | 403,703 | 66.9% |
| Kalgoorlie | 547,041 | 816,464 | 67.0% | 158,711 | 230,704 | 68.8% |
| Kennedy | 797,166 | 1,202,969 | 66.3% | 204,368 | 310,773 | 65.8% |
| Kingsford-Smith | 1,577,277 | 1,943,030 | 81.2% | 418,818 | 520,122 | 80.5% |
| Kingston | 986,474 | 1,435,784 | 68.7% | 249,884 | 376,483 | 66.4% |
| Kooyong | 833,298 | 1,532,404 | 54.4% | 214,991 | 405,110 | 53.1% |
| La Trobe | 1,025,249 | 1,553,531 | 66.0% | 269,158 | 420,682 | 64.0% |
| Lalor | 1,232,971 | 1,518,576 | 81.2% | 320,667 | 408,405 | 78.5% |
| Leichhardt | 1,048,501 | 1,386,224 | 75.6% | 271,887 | 358,948 | 75.7% |
| Lilley | 1,062,088 | 1,587,620 | 66.9% | 261,998 | 413,029 | 63.4% |
| Lindsay | 1,298,664 | 1,548,328 | 83.9% | 336,804 | 404,384 | 83.3% |
| Lingiari | 407,371 | 506,511 | 80.4% | 101,556 | 127,537 | 79.6% |
| Longman | 1,238,060 | 1,556,877 | 79.5% | 316,061 | 414,153 | 76.3% |
| Lowe | 1,460,711 | 1,801,987 | 81.1% | 383,352 | 477,033 | 80.4% |
| Lyne | 1,044,246 | 1,547,900 | 67.5% | 275,779 | 412,544 | 66.8% |
| Lyons | 597,570 | 899,746 | 66.4% | 159,342 | 241,327 | 66.0% |
| Macarthur | 1,521,163 | 1,783,021 | 85.3% | 401,626 | 473,596 | 84.8% |
| Mackellar | 1,082,563 | 1,608,576 | 67.3% | 282,100 | 423,671 | 66.6% |
| Macquarie | 1,057,549 | 1,429,590 | 74.0% | 272,662 | 374,581 | 72.8% |
| Makin | 934,331 | 1,427,113 | 65.5% | 240,194 | 376,532 | 63.8% |
| Mallee | 672,140 | 1,161,642 | 57.9% | 173,940 | 303,134 | 57.4% |
| Maranoa | 721,501 | 1,230,402 | 58.6% | 182,156 | 317,276 | 57.4% |
| Maribyrnong | 1,282,949 | 1,584,828 | 81.0% | 333,234 | 417,564 | 79.8% |
| Mayo | 838,181 | 1,414,887 | 59.2% | 210,185 | 371,343 | 56.6% |

| | | | | | | |
|------------------------|-------------|-------------|-------|------------|------------|-------|
| McEwen | 973,402 | 1,423,358 | 68.4% | 260,427 | 387,419 | 67.2% |
| McMillan | 856,198 | 1,346,022 | 63.6% | 224,717 | 356,073 | 63.1% |
| McPherson | 1,382,490 | 1,973,466 | 70.1% | 353,682 | 516,191 | 68.5% |
| Melbourne | 1,241,515 | 1,655,917 | 75.0% | 323,755 | 438,184 | 73.9% |
| Melbourne Ports | 1,085,486 | 1,676,203 | 64.8% | 282,289 | 445,530 | 63.4% |
| Menzies | 1,016,454 | 1,518,313 | 66.9% | 262,969 | 403,377 | 65.2% |
| Mitchell | 1,111,567 | 1,574,930 | 70.6% | 296,375 | 420,766 | 70.4% |
| Moncrieff | 1,278,930 | 1,886,561 | 67.8% | 324,606 | 488,555 | 66.4% |
| Moore | 872,676 | 1,281,305 | 68.1% | 227,331 | 338,388 | 67.2% |
| Moreton | 1,123,420 | 1,583,426 | 70.9% | 279,464 | 408,733 | 68.4% |
| Murray | 596,139 | 1,154,005 | 51.7% | 158,466 | 309,183 | 51.3% |
| New England | 749,261 | 1,177,542 | 63.6% | 191,111 | 306,910 | 62.3% |
| Newcastle | 1,000,147 | 1,441,413 | 69.4% | 255,133 | 376,507 | 67.8% |
| North Sydney | 950,476 | 1,560,369 | 60.9% | 244,996 | 408,988 | 59.9% |
| O'Connor | 649,294 | 1,058,710 | 61.3% | 168,820 | 276,720 | 61.0% |
| Oxley | 1,259,602 | 1,591,916 | 79.1% | 316,959 | 417,344 | 75.9% |
| Page | 828,650 | 1,310,484 | 63.2% | 212,307 | 340,721 | 62.3% |
| Parke | 830,951 | 1,166,923 | 71.2% | 231,325 | 316,590 | 73.1% |
| Parramatta | 1,549,191 | 1,875,412 | 82.6% | 410,538 | 495,965 | 82.8% |
| Paterson | 854,289 | 1,333,737 | 64.1% | 219,714 | 352,715 | 62.3% |
| Pearce | 882,156 | 1,251,200 | 70.5% | 229,225 | 328,517 | 69.8% |
| Perth | 1,069,779 | 1,440,109 | 74.3% | 273,202 | 375,401 | 72.8% |
| Petrie | 1,146,222 | 1,608,870 | 71.2% | 278,957 | 422,492 | 66.0% |
| Port Adelaide | 1,259,897 | 1,616,374 | 77.9% | 328,271 | 428,018 | 76.7% |
| Prospect | 1,800,966 | 2,000,124 | 90.0% | 482,321 | 534,678 | 90.2% |
| Rankin | 1,375,355 | 1,671,976 | 82.3% | 353,339 | 437,597 | 80.7% |
| Reid | 1,808,487 | 1,984,858 | 91.1% | 483,526 | 529,395 | 91.3% |
| Richmond | 1,079,535 | 1,521,360 | 71.0% | 278,019 | 395,493 | 70.3% |
| Riverina | 661,418 | 1,172,676 | 56.4% | 175,310 | 311,033 | 56.4% |
| Robertson | 1,040,712 | 1,560,364 | 66.7% | 269,550 | 412,884 | 65.3% |
| Ryan | 800,694 | 1,491,066 | 53.7% | 194,168 | 384,858 | 50.5% |
| Scullin | 1,392,134 | 1,689,869 | 82.4% | 373,088 | 455,988 | 81.8% |
| Shortland | 930,441 | 1,444,584 | 64.4% | 242,178 | 381,695 | 63.4% |
| Solomon | 474,593 | 689,598 | 68.8% | 118,729 | 174,034 | 68.2% |
| Stirling | 1,219,751 | 1,656,695 | 73.6% | 312,664 | 431,835 | 72.4% |
| Sturt | 954,490 | 1,579,544 | 60.4% | 240,253 | 413,176 | 58.1% |
| Swan | 961,651 | 1,327,871 | 72.4% | 247,317 | 347,486 | 71.2% |
| Sydney | 1,346,174 | 1,735,794 | 77.6% | 356,499 | 463,164 | 77.0% |
| Tangney | 926,592 | 1,477,036 | 62.7% | 235,759 | 384,817 | 61.3% |
| Throsby | 1,412,690 | 1,696,569 | 83.3% | 366,272 | 445,241 | 82.3% |
| Wakefield | 717,861 | 1,258,519 | 57.0% | 182,377 | 330,362 | 55.2% |
| Wannon | 688,096 | 1,143,029 | 60.2% | 170,831 | 296,007 | 57.7% |
| Warringah | 1,095,990 | 1,667,588 | 65.7% | 283,581 | 437,245 | 64.9% |
| Watson | 1,696,738 | 1,933,566 | 87.8% | 448,777 | 512,575 | 87.6% |
| Wentworth | 1,170,948 | 1,785,512 | 65.6% | 311,770 | 479,540 | 65.0% |
| Werriwa | 1,466,770 | 1,641,189 | 89.4% | 392,649 | 439,077 | 89.4% |
| Wide Bay | 825,301 | 1,272,468 | 64.9% | 211,841 | 338,445 | 62.6% |
| Wills | 1,338,474 | 1,739,464 | 76.9% | 349,145 | 463,549 | 75.3% |
| Undefined | 501,405 | 784,393 | 63.9% | 132,545 | 209,465 | 63.3% |
| Total | 154,946,930 | 222,115,941 | 69.8% | 40,089,514 | 58,573,435 | 68.4% |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - UNREFERRED ATTENDANCES
 NUMBER AND % OF SERVICES BULK BILLED
 BY FEDERAL ELECTORAL DIVISION**

12 MONTHS TO SEPTEMBER 2002 SEPTEMBER QUARTER 2002

| Electorate | Ser BB | Total Ser | % BB | Ser BB | Total Ser | % BB |
|-------------------|---------------|------------------|-------------|---------------|------------------|-------------|
| Adelaide | 476,876 | 639,181 | 74.6% | 115,197 | 165,345 | 69.7% |
| Aston | 593,976 | 728,817 | 81.5% | 149,892 | 193,980 | 77.3% |
| Ballarat | 335,408 | 557,451 | 60.2% | 85,541 | 149,815 | 57.1% |
| Banks | 693,548 | 799,785 | 86.7% | 183,019 | 212,569 | 86.1% |
| Barker | 238,863 | 576,277 | 41.4% | 58,844 | 152,937 | 38.5% |
| Barton | 790,761 | 856,368 | 92.3% | 209,164 | 227,869 | 91.8% |
| Bass | 206,375 | 411,537 | 50.1% | 55,083 | 110,514 | 49.8% |
| Batman | 745,434 | 846,029 | 88.1% | 194,755 | 225,910 | 86.2% |
| Bendigo | 250,896 | 513,547 | 48.9% | 65,572 | 136,700 | 48.0% |
| Bennelong | 581,781 | 706,826 | 82.3% | 152,400 | 186,589 | 81.7% |
| Berowra | 512,180 | 688,748 | 74.4% | 133,265 | 183,504 | 72.6% |
| Blair | 475,380 | 609,652 | 78.0% | 124,607 | 164,772 | 75.6% |
| Blaxland | 1,061,276 | 1,104,061 | 96.1% | 282,166 | 294,475 | 95.8% |
| Bonython | 762,521 | 846,944 | 90.0% | 202,517 | 227,193 | 89.1% |
| Boothby | 389,682 | 641,874 | 60.7% | 91,648 | 167,031 | 54.9% |
| Bowman | 586,205 | 739,508 | 79.3% | 141,411 | 191,136 | 74.0% |
| Braddon | 290,255 | 462,103 | 62.8% | 72,597 | 120,992 | 60.0% |
| Bradfield | 407,051 | 635,831 | 64.0% | 101,403 | 165,882 | 61.1% |
| Brand | 378,794 | 571,410 | 66.3% | 96,774 | 151,431 | 63.9% |
| Brisbane | 488,425 | 651,724 | 74.9% | 114,031 | 166,533 | 68.5% |
| Bruce | 619,853 | 774,698 | 80.0% | 157,858 | 204,612 | 77.2% |
| Burke | 520,659 | 747,216 | 69.7% | 132,908 | 197,835 | 67.2% |
| Calare | 317,425 | 519,207 | 61.1% | 83,146 | 136,173 | 61.1% |
| Calwell | 883,205 | 988,658 | 89.3% | 226,499 | 264,486 | 85.6% |
| Canberra | 301,119 | 628,395 | 47.9% | 72,909 | 165,507 | 44.1% |
| Canning | 312,414 | 502,437 | 62.2% | 76,947 | 131,235 | 58.6% |
| Capricornia | 250,287 | 529,554 | 47.3% | 61,840 | 141,461 | 43.7% |
| Casey | 447,167 | 630,238 | 71.0% | 113,060 | 168,749 | 67.0% |
| Charlton | 374,789 | 593,532 | 63.1% | 94,740 | 156,203 | 60.7% |
| Chifley | 1,049,551 | 1,065,280 | 98.5% | 287,016 | 291,379 | 98.5% |
| Chisholm | 535,209 | 679,367 | 78.8% | 136,409 | 177,735 | 76.7% |
| Cook | 519,616 | 658,454 | 78.9% | 133,797 | 174,074 | 76.9% |
| Corangamite | 239,522 | 527,482 | 45.4% | 59,308 | 138,281 | 42.9% |
| Corio | 354,812 | 581,140 | 61.1% | 90,897 | 153,169 | 59.3% |
| Cowan | 492,028 | 613,766 | 80.2% | 130,278 | 164,821 | 79.0% |
| Cowper | 275,234 | 522,393 | 52.7% | 69,473 | 135,641 | 51.2% |
| Cunningham | 579,074 | 689,811 | 83.9% | 146,866 | 181,023 | 81.1% |
| Curtin | 329,006 | 537,865 | 61.2% | 81,401 | 139,387 | 58.4% |
| Dawson | 410,292 | 619,250 | 66.3% | 108,958 | 165,954 | 65.7% |
| Deakin | 493,551 | 652,324 | 75.7% | 126,792 | 173,022 | 73.3% |
| Denison | 266,515 | 494,053 | 53.9% | 66,345 | 128,835 | 51.5% |
| Dickson | 404,456 | 642,701 | 62.9% | 89,794 | 167,993 | 53.5% |
| Dobell | 436,038 | 654,507 | 66.6% | 107,495 | 170,400 | 63.1% |
| Dunkley | 363,723 | 620,863 | 58.6% | 78,816 | 161,876 | 48.7% |
| Eden-Monaro | 195,019 | 488,529 | 39.9% | 49,186 | 128,350 | 38.3% |
| Fadden | 606,610 | 753,099 | 80.5% | 153,807 | 199,617 | 77.1% |
| Fairfax | 451,967 | 667,640 | 67.7% | 104,710 | 174,845 | 59.9% |

| | | | | | | |
|------------------------|-----------|-----------|-------|---------|---------|-------|
| Farrer | 197,834 | 473,303 | 41.8% | 50,490 | 125,380 | 40.3% |
| Fisher | 640,645 | 790,426 | 81.1% | 141,528 | 200,158 | 70.7% |
| Flinders | 339,434 | 634,660 | 53.5% | 84,572 | 166,385 | 50.8% |
| Forde | 628,652 | 726,365 | 86.5% | 162,823 | 193,167 | 84.3% |
| Forrest | 252,826 | 478,608 | 52.8% | 62,571 | 125,757 | 49.8% |
| Fowler | 1,132,704 | 1,152,415 | 98.3% | 305,131 | 310,933 | 98.1% |
| Franklin | 268,901 | 485,326 | 55.4% | 70,623 | 127,684 | 55.3% |
| Fraser | 297,966 | 627,265 | 47.5% | 63,293 | 162,943 | 38.8% |
| Fremantle | 443,925 | 599,938 | 74.0% | 106,693 | 154,605 | 69.0% |
| Gellibrand | 693,511 | 769,527 | 90.1% | 177,353 | 201,070 | 88.2% |
| Gilmore | 352,388 | 561,725 | 62.7% | 89,205 | 147,087 | 60.6% |
| Gippsland | 277,001 | 507,495 | 54.6% | 70,300 | 133,506 | 52.7% |
| Goldstein | 448,922 | 719,477 | 62.4% | 116,601 | 192,073 | 60.7% |
| Grayndler | 765,311 | 823,886 | 92.9% | 199,278 | 216,109 | 92.2% |
| Greenway | 900,106 | 947,325 | 95.0% | 244,220 | 257,469 | 94.9% |
| Grey | 384,763 | 585,501 | 65.7% | 102,444 | 159,832 | 64.1% |
| Griffith | 543,341 | 706,836 | 76.9% | 130,559 | 183,201 | 71.3% |
| Groom | 402,975 | 621,858 | 64.8% | 95,216 | 163,771 | 58.1% |
| Gwydir | 333,225 | 532,364 | 62.6% | 88,698 | 140,547 | 63.1% |
| Hasluck | 462,260 | 613,134 | 75.4% | 115,177 | 159,894 | 72.0% |
| Herbert | 314,760 | 546,669 | 57.6% | 75,660 | 138,351 | 54.7% |
| Higgins | 430,903 | 651,474 | 66.1% | 109,455 | 171,972 | 63.6% |
| Hindmarsh | 487,348 | 677,982 | 71.9% | 117,276 | 175,396 | 66.9% |
| Hinkler | 236,137 | 544,072 | 43.4% | 62,850 | 148,461 | 42.3% |
| Holt | 718,578 | 876,259 | 82.0% | 182,038 | 236,414 | 77.0% |
| Hotham | 603,700 | 734,966 | 82.1% | 154,753 | 193,550 | 80.0% |
| Hughes | 576,786 | 729,104 | 79.1% | 152,349 | 195,277 | 78.0% |
| Hume | 332,413 | 553,226 | 60.1% | 87,749 | 147,988 | 59.3% |
| Hunter | 284,059 | 534,754 | 53.1% | 72,466 | 142,799 | 50.7% |
| Indi | 179,644 | 488,260 | 36.8% | 39,027 | 126,167 | 30.9% |
| Isaacs | 533,653 | 708,213 | 75.4% | 132,109 | 188,181 | 70.2% |
| Jagajaga | 479,495 | 656,595 | 73.0% | 125,991 | 175,033 | 72.0% |
| Kalgoorlie | 240,126 | 389,690 | 61.6% | 64,409 | 106,018 | 60.8% |
| Kennedy | 334,120 | 526,517 | 63.5% | 83,996 | 136,783 | 61.4% |
| Kingsford-Smith | 810,233 | 885,740 | 91.5% | 212,593 | 234,937 | 90.5% |
| Kingston | 485,008 | 686,776 | 70.6% | 120,188 | 180,831 | 66.5% |
| Kooyong | 367,045 | 573,390 | 64.0% | 92,968 | 151,029 | 61.6% |
| La Trobe | 488,132 | 701,904 | 69.5% | 125,090 | 191,540 | 65.3% |
| Lalor | 631,151 | 725,816 | 87.0% | 163,180 | 198,904 | 82.0% |
| Leichhardt | 530,264 | 656,620 | 80.8% | 137,018 | 170,925 | 80.2% |
| Lilley | 515,570 | 686,068 | 75.1% | 123,069 | 179,076 | 68.7% |
| Lindsay | 700,235 | 765,698 | 91.5% | 181,707 | 201,817 | 90.0% |
| Lingiari | 140,405 | 201,495 | 69.7% | 34,866 | 51,181 | 68.1% |
| Longman | 631,193 | 746,130 | 84.6% | 157,147 | 200,765 | 78.3% |
| Lowe | 731,030 | 789,127 | 92.6% | 191,952 | 208,101 | 92.2% |
| Lyne | 411,165 | 632,755 | 65.0% | 105,638 | 167,268 | 63.2% |
| Lyons | 286,679 | 419,345 | 68.4% | 77,033 | 113,329 | 68.0% |
| Macarthur | 814,117 | 897,946 | 90.7% | 213,966 | 238,838 | 89.6% |
| Mackellar | 506,847 | 662,855 | 76.5% | 130,367 | 174,659 | 74.6% |
| Macquarie | 489,955 | 638,428 | 76.7% | 124,285 | 167,876 | 74.0% |
| Makin | 433,407 | 655,344 | 66.1% | 111,207 | 175,767 | 63.3% |
| Mallee | 277,078 | 516,206 | 53.7% | 74,014 | 137,206 | 53.9% |
| Maranoa | 292,469 | 549,323 | 53.2% | 75,361 | 145,380 | 51.8% |
| Maribyrnong | 693,734 | 786,700 | 88.2% | 179,292 | 206,511 | 86.8% |
| Mayo | 353,598 | 615,162 | 57.5% | 86,207 | 163,322 | 52.8% |

| | | | | | | |
|------------------------|-------------------|-------------------|--------------|-------------------|-------------------|--------------|
| McEwen | 451,741 | 662,699 | 68.2% | 119,220 | 181,174 | 65.8% |
| McMillan | 396,994 | 590,456 | 67.2% | 103,528 | 157,203 | 65.9% |
| McPherson | 654,680 | 843,893 | 77.6% | 166,940 | 222,719 | 75.0% |
| Melbourne | 682,988 | 803,354 | 85.0% | 176,938 | 212,263 | 83.4% |
| Melbourne Ports | 521,871 | 699,602 | 74.6% | 133,558 | 183,933 | 72.6% |
| Menzies | 486,178 | 635,162 | 76.5% | 124,076 | 167,859 | 73.9% |
| Mitchell | 553,216 | 676,085 | 81.8% | 147,166 | 180,533 | 81.5% |
| Moncrieff | 615,865 | 830,081 | 74.2% | 154,990 | 217,337 | 71.3% |
| Moore | 408,107 | 563,094 | 72.5% | 105,735 | 149,334 | 70.8% |
| Moreton | 566,943 | 695,136 | 81.6% | 138,855 | 180,016 | 77.1% |
| Murray | 170,062 | 490,059 | 34.7% | 41,820 | 129,066 | 32.4% |
| New England | 242,737 | 481,223 | 50.4% | 60,751 | 127,526 | 47.6% |
| Newcastle | 457,153 | 629,666 | 72.6% | 112,941 | 163,707 | 69.0% |
| North Sydney | 410,656 | 607,546 | 67.6% | 103,371 | 158,348 | 65.3% |
| O'Connor | 240,100 | 470,125 | 51.1% | 61,033 | 122,200 | 49.9% |
| Oxley | 688,582 | 808,482 | 85.2% | 170,168 | 213,141 | 79.8% |
| Page | 244,641 | 516,644 | 47.4% | 63,231 | 135,352 | 46.7% |
| Parkes | 325,791 | 491,424 | 66.3% | 94,022 | 134,562 | 69.9% |
| Parramatta | 836,504 | 904,059 | 92.5% | 221,689 | 239,420 | 92.6% |
| Paterson | 345,356 | 569,498 | 60.6% | 83,493 | 149,343 | 55.9% |
| Pearce | 418,296 | 570,093 | 73.4% | 107,384 | 148,973 | 72.1% |
| Perth | 538,634 | 661,983 | 81.4% | 135,080 | 172,402 | 78.4% |
| Petrie | 551,224 | 728,581 | 75.7% | 126,314 | 193,240 | 65.4% |
| Port Adelaide | 693,096 | 782,002 | 88.6% | 183,654 | 210,464 | 87.3% |
| Prospect | 1,009,768 | 1,034,028 | 97.7% | 270,723 | 277,384 | 97.6% |
| Rankin | 766,353 | 841,737 | 91.0% | 197,630 | 223,063 | 88.6% |
| Reid | 1,029,463 | 1,049,219 | 98.1% | 277,908 | 283,293 | 98.1% |
| Richmond | 440,270 | 631,071 | 69.8% | 115,442 | 167,198 | 69.0% |
| Riverina | 206,203 | 454,645 | 45.4% | 54,860 | 120,940 | 45.4% |
| Robertson | 448,328 | 671,700 | 66.7% | 113,525 | 178,348 | 63.7% |
| Ryan | 350,879 | 579,866 | 60.5% | 81,547 | 150,006 | 54.4% |
| Scullin | 729,881 | 831,928 | 87.7% | 193,673 | 222,844 | 86.9% |
| Shortland | 359,730 | 612,736 | 58.7% | 92,656 | 162,532 | 57.0% |
| Solomon | 173,956 | 295,138 | 58.9% | 42,523 | 73,829 | 57.6% |
| Stirling | 596,675 | 738,860 | 80.8% | 151,521 | 193,403 | 78.3% |
| Sturt | 410,030 | 653,797 | 62.7% | 100,970 | 171,522 | 58.9% |
| Swan | 481,380 | 605,292 | 79.5% | 123,318 | 159,872 | 77.1% |
| Sydney | 684,014 | 797,705 | 85.7% | 178,800 | 210,403 | 85.0% |
| Tangney | 429,760 | 620,276 | 69.3% | 107,657 | 162,382 | 66.3% |
| Throsby | 723,327 | 780,543 | 92.7% | 190,237 | 206,557 | 92.1% |
| Wakefield | 261,279 | 582,449 | 44.9% | 66,044 | 155,313 | 42.5% |
| Wannon | 258,689 | 481,662 | 53.7% | 64,521 | 127,470 | 50.6% |
| Warringah | 504,237 | 680,023 | 74.2% | 128,153 | 176,745 | 72.5% |
| Watson | 935,634 | 969,155 | 96.5% | 246,924 | 256,782 | 96.2% |
| Wentworth | 513,588 | 677,904 | 75.8% | 136,467 | 182,256 | 74.9% |
| Werriwa | 820,529 | 857,360 | 95.7% | 221,328 | 231,589 | 95.6% |
| Wide Bay | 398,971 | 620,498 | 64.3% | 99,414 | 166,058 | 59.9% |
| Wills | 716,656 | 833,484 | 86.0% | 185,414 | 222,028 | 83.5% |
| Undefined | 240,179 | 337,425 | 71.2% | 62,383 | 89,602 | 69.6% |
| Total | 73,393,744 | 99,687,614 | 73.6% | 18,764,783 | 26,372,593 | 71.2% |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-050

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE STATISTICS

Written Question on Notice

Senator McLucas asked:

Further to the discussion at the hearing with respect to issues of confidentiality in the provision of bulk billing information at the postcode level, please provide only the following information so not to enable the identification of individual patients or practitioners.

- (a) During the last financial year, assigning each general practitioner to his/her principle practice postcode, how many GPs billed Medicare in each postcode?
- (b) For postcodes only in which there are five or more GPs (assigning each general practitioner to his/her principle practice postcode):
 - (i) What is the breakdown, by postcode, of the percentage of unreferral attendances bulk billed for the quarter ending 30 September 2002; and
 - (ii) What is the breakdown, by postcode, of the average patient contribution per service (patient billed services only) for unreferral attendances for the quarter ending 30 September 2002.

Answer:

- (a-b) The requested statistics are not available on account of significant confidentiality considerations, relevance, and workload considerations.

In relation to (a) and (b), in a number of postcodes there may be only a very small number of general practitioners practising under Medicare, or a small number of practitioners rendering most of the activity in the region in question. It is not sufficient just to identify the number of practitioners practising in a region. In accordance with appropriate statistical best practice, on which the Department is guided by relevant Australian Bureau of Statistics practices, regard would also need to be had as to whether the majority of activity involved only one or two providers.

While not all postcodes would be affected in this way, identifying and isolating them would be a time and resource intensive process, involving an extensive commitment in staff and information technology resources.

The use of a principal practice concept would also mean that for practitioners practising in a number of postcodes, with a fairly even distribution of activity across those postcodes, all activity would be assigned to the one major postcode for each provider. The incorporation of activity from other postcodes into a principal practice postcode could be misleading.

In relation to (a), Medicare statistics are not available by principal practice postcode having regard to activity over a 12 month period. A computer program would need to be written to enable the derivation of principal practice postcode over such a period. This also has significant time, staff and resource implications.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question:E02-077

OUTCOME 2: ACCESS TO MEDICARE

Topic: TIMELY LISTING OF DRUGS ON THE PBS

Written Question on Notice

Senator McLucas asked:

We are aware of a number of new drugs which have been recommended a price by the PBPA and for listing on the PBS by the PBAC, but which then end up in pricing negotiations, or simply on hold, for many months, in some cases even years.

- (a) Who are the members of the Pharmaceutical Benefits Pricing Authority (PBPA) and what are their qualifications?
- (b) On average, how long does it take to negotiate an acceptable price?
- (c) What are the barriers to shortening the timeline?
- (d) Aside from industry and the PBPA, who else is involved in the negotiations?
- (e) Are you aware of pharmaceutical companies which have simply withdrawn from the process because negotiations went on too long or no agreement could be reached?
- (f) What are the consequences of such PBS listing delays for health outcomes?
- (g) What are the consequences of such PBS listing delays for the viability of the pharmaceutical industry?

Answer:

- (a) The PBPA contains members from government departments, the pharmaceutical industry and a consumer representative body, with an independent Chair appointed by the Minister for Health and Ageing. The current membership of the PBPA is as follows:

Mr Graham Glenn - Independent Chair

Mr Brett Lennon - Representative from the Department of Health and Ageing

Mr Craig Penniford - Representative from the Department of Industry, Tourism and Resources

Ms Fiona Woodard – Industry Nominee. Ms Woodard, the Acting Chief Executive Officer of Medicines Australia, is a temporary appointment. A permanent industry appointment is expected to be made shortly.

Ms Jo Watson - Consumer Nominee

- (b-c) The usual minimum time between a Pharmaceutical Benefits Advisory Committee (PBAC) recommendation to list a drug on the PBS and the commencement of subsidy is five months. This time period is necessary to finalise pricing arrangements through the PBPA, confirm quality checks and availability of supplies, obtain Ministerial approval, and publish the new listing in the Schedule of Pharmaceutical Benefits.

The great majority of drugs recommended by the PBAC are listed within this timeframe. Of the 59 recommendations for new or extended listings made by the PBAC over the 12 months to August 2002, around 80 per cent proceeded to listing within 5 months. In most of the remaining cases companies were offered pricing and listing arrangements for the drugs within the 5 month period which were consistent with the PBAC's recommendations, but did not list them on the PBS.

Most pricing arrangements proposed by the PBPA for new listings are finalised within a few weeks. The major barrier to shortening the timeframe for finalising other pricing negotiations is the willingness of the companies concerned to accept pricing arrangements which are fully consistent with the PBAC's recommendations.

- (d) Pricing negotiations with pharmaceutical manufacturers are undertaken by the Pharmaceutical Pricing Section of the Pharmaceutical Benefits Branch of the Department of Health and Ageing, based on the pricing recommendations of the PBPA.
- (e) Yes.
- (f) The PBS subsidises a very wide range of pharmaceutical products (around 600 different drug substances marketed as 2500 different product brand names) suitable for use in most medical conditions and requiring treatment under medical supervision. This ensures that Australians have affordable access to all of these medicines.

There are only a small proportion of drugs recommended for inclusion on the PBS which are subject to delays in listing on the PBS. A significant number of proposed new listings (42 per cent over the 12 months to March 2002) seek listing on the basis of achieving equivalent health outcomes to a drug or drugs already on the PBS. Any delays in listing of these drugs would not therefore be expected to have an impact on health outcomes.

- (g) Government subsidies through the PBS totalled around \$4.6 billion in 2001-02, around two thirds of which flow to pharmaceutical manufacturers for products which they have listed on the Scheme. This provides a large, assured and growing market which facilitates the development of pharmaceutical manufacturing in Australia.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-078

OUTCOME 2: ACCESS TO MEDICARE

Topic: TIMELY LISTING OF DRUGS ON THE PBS

Written Question

Senator McLucas asked:

- (a) How many submissions does the PBPA consider every meeting?
- (b) How long do these meetings go for?
- (c) How long do PBPA members have to consider submissions prior to the meeting (i.e. how far in advance do you receive the Agenda Papers)?

Answer:

- (a) On average at each meeting the Pharmaceutical Benefits Pricing Authority (PBPA) considers around 15 applications for new or changed listings which have been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). In addition at each meeting the prices of several hundred drug items listed on the PBS are reviewed.
- (b) The PBPA usually meets for a period of four to five hours.
- (c) Agendas are sent out to PBPA members seven to ten days prior to the meeting.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question:E02-079

OUTCOME 2: ACCESS TO MEDICARE

Topic: TIMELY LISTING OF DRUGS ON THE PBS

Written Question

Senator McLucas asked:

- (a) Has there been any time in the last year where a position hasn't been filled on the PBPA and for how long was the position vacant?
- (b) How many full time staff support the PBPA, what are the qualifications of those staff and where do they reside? Who prepares the Agenda papers for pricing meetings?

Answer:

- (a) Yes. For a period of approximately four months, the consumer nominee position on the Pharmaceutical Benefits Pricing Authority (PBPA) was not filled. In addition, at the end of October 2002 the industry nominee position on the PBPA was vacated by Mr Alan Evans, the then Chief Executive Officer of Medicines Australia. This position is currently being filled on a temporary basis by Ms Fiona Woodard, the Acting Chief Executive Officer of Medicines Australia. A replacement for Mr Evans is expected to be finalised shortly.
- (b) The PBPA is serviced by two secretariats. The PBPA's pharmaceutical pricing function for the PBS is administered by a secretariat based in the Pharmaceutical Benefits Branch of the Department of Health and Ageing. This secretariat is made up of five full-time staff located in Canberra. All are involved in the preparation of agenda papers.

A secretariat based in the Department of Industry, Tourism and Resources (DITR) is responsible for providing support to the PBPA in its role in administering pharmaceutical companies' participation in the Pharmaceutical Industry Investment Program (PIIP). Information concerning the staffing arrangements for this secretariat can be obtained from DITR.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question:E02-080

OUTCOME 2: ACCESS TO MEDICARE

Topic: TIMELY LISTING OF DRUGS ON THE PBS

Written Question on Notice

Senator McLucas asked:

- (a) Who does negotiations with companies about the price - the PBPA or the PBAC? Do members of the PBPA meet with companies to discuss pricing issues?
- (b) What role does DOFA play in the PBPA deliberations and negotiations?
- (c) Have there been times when the PBAC hasn't supported a recommendation of the PBPA and if so, what is the process from there?

Answer:

- (a) Officers within the Pharmaceutical Benefits Branch of the Department of Health and Ageing negotiate with companies, based on the pricing advice provided by the Pharmaceutical Benefits Pricing Authority (PBPA). There is no formal process for PBPA members to meet with individual companies to discuss pricing issues.
- (b) None.
- (c) There have been few instances where this has occurred. In these situations, the Minister for Health and Ageing considers the advice of both the Pharmaceutical Benefits Advisory Committee (PBAC) and PBPA and then makes a decision.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question:E02-081

OUTCOME 2 ACCESS TO MEDICARE

Topic: TIMELY LISTING OF DRUGS ON THE PBS

Written Question on Notice

Senator McLucas asked:

At what point in the approval process are the following pharmaceuticals?

| | |
|-----------|---------------------|
| Actos | Eli Lilly |
| Avandia | Glaxo Smith Kline |
| Singulair | Merck Sharp & Dohme |
| Symbacort | Astra Zeneca |
| Remicaide | Schering Plough |
| Enbrel | Wyeth |
| Spiriva | Boehringer |
| Glivec | Novartis |
| Pegatron | Schering Plough |

Answer:

| Drug | Company | Point in approval process |
|-------|-----------|---|
| Actos | Eli Lilly | <ul style="list-style-type: none">• The Pharmaceutical Benefits Advisory Committee (PBAC) has recommended listing on the Pharmaceutical Benefits Scheme (PBS) in a limited group of patients whose diabetes is difficult to control with alternative medications.• Officers from the Pharmaceutical Benefits Branch of the Department of Health and Ageing are continuing to work with Eli Lilly in an effort to find a basis for subsidising Actos that acceptably limits the level of Budgetary risks to the Commonwealth. |

| | | |
|-----------|--------------------|--|
| Avandia | GlaxoSmithKline | <ul style="list-style-type: none"> • The Government decided in November 2002 not to list Avandia on the PBS at this stage. • Officers from the Pharmaceutical Benefits Branch of the Department of Health and Ageing are continuing to work with GlaxoSmithKline to find a basis for subsidising Avandia that acceptably limits Budgetary risks to the Commonwealth. |
| Singulair | MerckSharp & Dohme | <ul style="list-style-type: none"> • To be listed on the PBS from 1 February 2003 |
| Symbicort | Astra Zeneca | <ul style="list-style-type: none"> • To be listed on the PBS from 1 February 2003 |
| Remicade | Schering Plough | <ul style="list-style-type: none"> • The PBAC has not recommended the listing of this drug on the PBS to this point in time. |
| Enbrel | Wyeth | <ul style="list-style-type: none"> • Considered for listing on the PBS for the treatment of rheumatoid arthritis at the PBAC meeting on 5-6 December 2002. Details of the positive recommendations made by the PBAC are normally made available on the Department of Health and Ageing's website within 16 working days of a meeting. |
| Spiriva | Boehringer | <ul style="list-style-type: none"> • To be listed on the PBS from 1 February 2003 |
| Glivec | Novartis | <ul style="list-style-type: none"> • Listed on the PBS for the treatment of the advanced (accelerated and blast) phases of Chronic Myeloid Leukaemia (CML) from 1 December 2001. • Listed on the PBS for the treatment of the earlier (chronic) phase of CML from 21 October 2002. |
| Pegatron | Schering Plough | <ul style="list-style-type: none"> • The PBAC has not recommended the listing of this drug on the PBS to this point in time. |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-052

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS "COMMUNITY AWARENESS" CAMPAIGN

Written Question on Notice

Senator McLucas asked:

In relation to the \$20.54 million allocated for provision of information to doctors and consumers on new and revised PBS-listed medicines:

- (a) On what date [did] the Department make a written request to the NPS to implement the measure?
- (b) Please provide the Committee with a copy of the written request;
- (c) On what dates has the NPS Board met this year and on what dates is the Board scheduled to meet?
- (d) On what date did the Board of the NPS meet to consider the request to implement the measure?
- (e) What was the decision of the NPS Board?
- (f) Please provide the Committee with a copy of correspondence received by the Department from the Board of the NPS in relation to the measure;
- (g) When will implementation of the measure by the NPS commence?
- (h) When will transfer of the \$20.54 million be made to the NPS?
- (i) What is the forward estimates profile for spending for the \$20.54 million?
- (j) How much of the \$20.54 million will be spent by the PBS [NPS] on providing information to doctors, how much to consumers, how much on administration generally?

Answer:

- (a) The Department wrote to the NPS on 14 June 2002 to make a request for the NPS to work with the Department in implementing this measure.
- (b) A copy of the written request is at attachment A.

- (c) NPS Board meeting dates for 2002 were:
- 21 – 22 February
 - 19 April
 - 20 – 21 June
 - 16 August
 - 24 – 25 October
 - 29 November (AGM)
- (d) The Board of the NPS considered the request at meetings of 24 October 2002 and 29 November 2002.
- (e) At the meeting of 24 October, the Board agreed to proceed with negotiations regarding the proposed funding agreement. At the meeting of 29 November, the Board gave in principle agreement to the details of the proposed funding agreement.
- (f) No written correspondence was received from the Board. However, the proposed funding agreement between the Commonwealth and the NPS is currently being negotiated.
- (g) Implementation of the measure by the NPS will commence on signing of the agreement between the Commonwealth and the NPS. It is anticipated that this should occur in December 2002.
- (h) The transfer of the \$20.54 million will occur over the next four years via ongoing payments to the NPS as part of the agreement signed between the NPS and the Commonwealth.
- (i) The forward estimates profile is:
- 2002/03: \$5.54 million
 - 2003/04: \$5 million
 - 2004/05: \$5 million
 - 2005/06: \$5 million
- (j) Up to twenty percent of the funds will be spent on consumers, with the remainder on information to doctors. Administration costs have not been separately identified in the budget for the funding agreement. The NPS will be required to report on its spending, including administration, and will be expected to continue its practice of retaining low administration costs.



COMMONWEALTH OF AUSTRALIA

Health Access and Financing Division
GPO Box 9848, Canberra ACT 2601
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 COPY



Department of
Health and
Ageing

Dr Lynn Weekes
Chief Executive Officer
National Prescribing Service
Level 1/31 Buckingham Street
Surry Hills NSW 2010

Dear Dr Weekes

You will be aware of the measure announced in the recent Federal Budget designed to provide prescribers, particularly GPs, with timely information, in advance of the date of effect, about new and revised listings to the PBS, together with the reasoning behind any conditions or restrictions placed on availability under the PBS.

The Department has already had preliminary discussions about the role the NPS might play in making this information available. Given its trusted position, developed over the past 4 years, as a provider of independent, evidence-based information to prescribers, the NPS would seem ideally placed to supply such information to GPs.

I am therefore writing to you to seek your agreement for the NPS to work with the Department in implementing this measure. You may feel that partnership with other organisations would assist this initiative to be progressed more fully, by utilising additional networks and infrastructure. Mr Rennie, Assistant Secretary Pharmaceutical Access and Quality Branch, would be happy to discuss any implementation issues with you in more detail.

Of course a number of crucial issues will need to be addressed before we can put this measure fully into effect. Mechanisms for early advice of PBAC recommendations and Government decisions will need to be put in place. In addition, the "commercial-in-confidence" concerns of pharmaceutical companies in relation to some of the supporting information they provide to the PBAC will need to be worked through.

Nevertheless I am confident that the will exists to address these concerns and achieve the desired outcome. I look forward to early advice of your willingness to join with us in delivering this Budget measure, the need for which has been repeatedly raised over recent times.

Yours sincerely,

Charles Maskell-Knight
A/g First Assistant Secretary
Health Access and Financing Division
14 June 2002

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-053

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS COMMUNITY AWARENESS CAMPAIGN

Written Question on Notice

Senator McLucas asked:

In relation to the \$27.72 million for other 'community awareness' activities:

- (a) What is the forward estimates profile for spending of the \$27.72 million which relates to the other 'community awareness' activities?
- (b) Please provide a breakdown for the expenditure of the \$27.72 million, which relates to the other 'community awareness' activities (including research, public relations and advertising).
- (c) What is it proposed that the community awareness campaign will contain?
- (d) Why has the campaign not started yet?
- (e) When will it commence?
- (f) Which advertising agencies have been approached to pitch for the advertising components of the campaign?
- (g) What payments have already been made from the total budget of \$27.72 million, and to whom?

Answer:

- (a) Funding from the 2002-03 Federal Budget was provided over a total of four years from 2002-03 to 2005-06. A bring-forward of funds has subsequently been approved leading to the following allocations:

2002-03: \$16.72 million

2003-04: \$11 million

- (b) \$27.72 million has been allocated to activities associated with the PBS Community Awareness Campaign, which includes approximately \$12.42 million for advertising and \$500,000 for public relations during the 2002-03 financial year. An expenditure amount for research has not been allocated yet.

- (c) The specific details of the campaign have not yet been finalised; however, the campaign will aim to promote community awareness and knowledge about the costs, benefits and subsidies of the PBS.
- (d) The campaign has not yet commenced due to a need to commission developmental research to inform the communication strategy (refer also to Hansard 20 November 2002, page F&PA 125).
- (e) A commencement date for the campaign has not yet been set.
- (f) The advertising agencies (identified through the Ministerial Committee on Government Communications) who have been approached to pitch for the campaign are as follows:
- Whybin TBWA
 - Clemenger BBDO
 - Batey Kazoo
 - DDB
 - Young and Rubicam Mattingly
- (g) The following is a breakdown of payments made from the \$27.72 million (as at 11 December 2002):

| Service provider | Amount (exc GST) \$ |
|--|---------------------------|
| Photocall Australia | 6,737.54 |
| Whybin TBWA & Partners | 7,421.80 |
| Porter Novelli Aust Pty Ltd | 2,873.54 |
| Fleishman-Hillard Stratcom | 1,290.71 |
| Fleishman-Hillard Stratcom | 909.09 |
| Parker & Partners Pty Ltd | 890.00 |
| Clemenger BBDO Pty Ltd | 6,211.00 |
| National Mailing and Marketing | 30,823.21 |
| Woolcott Research | 101,672.09 |
| Meeting expenses relating to the 'real cost of PBS medicines on dispensing labels' initiative. | 3547.17 |
| TOTAL | 162,376.15 |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-054

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS COMMUNITY AWARENESS CAMPAIGN

Written Question on Notice

Senator McLucas asked:

In relation to telephone market research being conducted on the PBS:

- (a) Is it the case that telephone market research on the PBS has commenced?
- (b) Who is conducting that research?
- (c) What is the methodology being used, including the number of people being surveyed and the research technique?
- (d) Please provide the Committee with a list of questions which are being asked during the telephone research and a copy of the report, when available.

Answer

- (a) This research has now concluded.
- (b) Woolcott Research.
- (c) One thousand 12-15 minute telephone interviews were conducted nationally. The respondent definition was all people aged 18 years and over, with quotas being set based on age and area. Data was post-weighted against ABS population statistics to reflect the actual population in terms of age, gender and area.
- (d) Consistent with Departmental guidelines 'Principles for the conduct of systematic social research', it would not be appropriate to release the research and related materials at this point in time as it may jeopardise the implementation of related activities.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-051

OUTCOME 2 ACCESS TO MEDICARE

Topic: PBS – ASSUMPTIONS UNDERLYING SAVINGS

Written Question on Notice

Senator McLucas asked:

Please update the information provided in response to Question E02-046 from [June] Budget estimates in relation to the effect of co-payment increases on consumer demand.

Answer:

There is no additional information available in relation to this issue.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-046

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE STATISTICS

Written Question on Notice

Senator McLucas asked:

- (a) What is the electorate-by-electorate breakdown of the percentage of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the 12 months ending 30 September 2000, 30 September 2001 and 30 September 2002 (period of processing)?
- (b) What is the electorate-by-electorate breakdown of the number of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the 12 months ending 30 September 2000, 30 September 2001 and 30 September 2002 (period of processing)?
- (c) What is the electorate-by-electorate breakdown for the average patient contribution per service (patient billed services only) for total unreferral (GP) attendances by Federal Electoral Division for the 12 months ending 30 September 2000, 30 September 2001 and 30 September 2002 (period of processing)?
- (d) What is the electorate-by-electorate breakdown for the number of services for total unreferral (GP) attendances by Federal Electoral Division for the 12 months ending 30 September 2000, 30 September 2001 and 30 September 2002 (period of processing)?

Answer:

- (a-d) The requested statistics based on claims processed by the Health Insurance Commission (HIC) in the respective periods, are attached.

The statistics relate to unreferral (GP) attendances rendered on a 'fee-for-service' basis for which Medicare benefits were paid in the periods in question. Excluded are details of services to public patients in hospital, to Veterans' Affairs patients and some compensation cases.

The statistics on the average patient contribution per service in period, relate to patient billed non hospital services only. These statistics were compiled by taking the difference between fees charged and benefits paid and dividing by the number of services. Hospital services have been excluded from this Table since information is not available in the Medicare system on health fund rebates.

Caution should be exercised in interpreting fees charged data and average patient contributions per service in Medicare statistics. For patient billed services paid by the HIC prior to the account being settled with the medical practitioner, the fee charged reflects the amount recorded on the account. This may not be subsequently received in full, since some practitioners discount fees for prompt payment.

Medicare statistics are captured at the postcode level. Since some postcodes overlap Federal Electoral Division boundaries, statistics by Medicare enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the proportion of the population of each postcode in each electoral division.

**COMMONWEALTH DEPT OF HEALTH & AGEING
MEDICARE - % OF UNREFERRED ATTENDANCES
BULK BILLED**

**BY FEDERAL ELECTORAL DIVISION
BASED ON ENROLMENT POSTCODE**

12 MONTHS TO SEPTEMBER 2000, 2001 & 2002

| Electorate | 12 Months to September | | |
|--------------------|-------------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 82.6% | 81.9% | 74.6% |
| Aston | 85.8% | 85.0% | 81.5% |
| Ballarat | 66.3% | 63.5% | 60.2% |
| Banks | 87.5% | 87.3% | 86.7% |
| Barker | 43.2% | 43.5% | 41.4% |
| Barton | 92.6% | 92.8% | 92.3% |
| Bass | 52.4% | 51.0% | 50.1% |
| Batman | 92.7% | 91.2% | 88.1% |
| Bendigo | 51.6% | 49.7% | 48.9% |
| Bennelong | 82.4% | 82.2% | 82.3% |
| Berowra | 77.5% | 77.0% | 74.4% |
| Blair | 83.4% | 81.4% | 78.0% |
| Blaxland | 96.2% | 96.6% | 96.1% |
| Bonython | 93.5% | 92.9% | 90.0% |
| Boothby | 66.7% | 65.6% | 60.7% |
| Bowman | 86.3% | 84.8% | 79.3% |
| Braddon | 66.5% | 64.5% | 62.8% |
| Bradfield | 68.5% | 66.8% | 64.0% |
| Brand | 81.4% | 74.9% | 66.3% |
| Brisbane | 86.6% | 82.2% | 74.9% |
| Bruce | 86.0% | 84.2% | 80.0% |
| Burke | 71.6% | 71.3% | 69.7% |
| Calare | 61.5% | 60.9% | 61.1% |
| Calwell | 94.3% | 92.3% | 89.3% |
| Canberra | 58.8% | 54.9% | 47.9% |
| Canning | 70.4% | 69.0% | 62.2% |
| Capricornia | 45.9% | 47.6% | 47.3% |
| Casey | 76.2% | 75.3% | 71.0% |
| Charlton | 78.4% | 71.2% | 63.1% |
| Chifley | 98.6% | 98.6% | 98.5% |
| Chisholm | 83.5% | 81.5% | 78.8% |
| Cook | 81.1% | 79.9% | 78.9% |
| Corangamite | 55.7% | 51.4% | 45.4% |
| Corio | 68.7% | 65.7% | 61.1% |
| Cowan | 88.2% | 85.5% | 80.2% |
| Cowper | 54.1% | 54.4% | 52.7% |
| Cunningham | 85.0% | 85.7% | 83.9% |
| Curtin | 64.1% | 63.0% | 61.2% |

| | | | |
|------------------------|-------|-------|-------|
| Dawson | 57.0% | 63.1% | 66.3% |
| Deakin | 80.0% | 78.6% | 75.7% |
| Denison | 59.0% | 59.3% | 53.9% |
| Dickson | 79.0% | 73.9% | 62.9% |
| Dobell | 84.1% | 75.2% | 66.6% |
| Dunkley | 78.8% | 74.2% | 58.6% |
| Eden-Monaro | 43.7% | 41.8% | 39.9% |
| Fadden | 87.8% | 85.8% | 80.5% |
| Fairfax | 78.6% | 75.9% | 67.7% |
| Farrer | 45.5% | 44.9% | 41.8% |
| Fisher | 90.1% | 87.6% | 81.1% |
| Flinders | 71.0% | 62.9% | 53.5% |
| Forde | 91.0% | 89.6% | 86.5% |
| Forrest | 52.8% | 52.6% | 52.8% |
| Fowler | 98.2% | 98.3% | 98.3% |
| Franklin | 58.9% | 57.6% | 55.4% |
| Fraser | 65.5% | 60.5% | 47.5% |
| Fremantle | 82.2% | 79.6% | 74.0% |
| Gellibrand | 94.2% | 93.4% | 90.1% |
| Gilmore | 65.6% | 64.9% | 62.7% |
| Gippsland | 55.1% | 54.7% | 54.6% |
| Goldstein | 72.3% | 68.1% | 62.4% |
| Grayndler | 95.0% | 94.3% | 92.9% |
| Greenway | 95.5% | 95.3% | 95.0% |
| Grey | 67.4% | 68.6% | 65.7% |
| Griffith | 88.0% | 84.8% | 76.9% |
| Groom | 72.5% | 70.1% | 64.8% |
| Gwydir | 61.8% | 61.0% | 62.6% |
| Hasluck | 81.5% | 79.2% | 75.4% |
| Herbert | 67.4% | 61.2% | 57.6% |
| Higgins | 74.3% | 70.3% | 66.1% |
| Hindmarsh | 76.0% | 76.1% | 71.9% |
| Hinkler | 40.0% | 41.1% | 43.4% |
| Holt | 91.3% | 87.9% | 82.0% |
| Hotham | 87.4% | 85.6% | 82.1% |
| Hughes | 80.1% | 79.5% | 79.1% |
| Hume | 60.7% | 61.2% | 60.1% |
| Hunter | 58.9% | 55.8% | 53.1% |
| Indi | 41.8% | 41.2% | 36.8% |
| Isaacs | 85.1% | 82.3% | 75.4% |
| Jagajaga | 77.3% | 75.4% | 73.0% |
| Kalgoorlie | 64.3% | 63.1% | 61.6% |
| Kennedy | 63.8% | 64.6% | 63.5% |
| Kingsford-Smith | 93.0% | 92.3% | 91.5% |
| Kingston | 78.7% | 77.2% | 70.6% |
| Kooyong | 70.7% | 67.0% | 64.0% |
| La Trobe | 78.9% | 74.8% | 69.5% |
| Lalor | 91.2% | 89.7% | 87.0% |

| | | | |
|------------------------|-------|-------|-------|
| Leichhardt | 81.1% | 80.9% | 80.8% |
| Lilley | 85.9% | 82.3% | 75.1% |
| Lindsay | 93.3% | 92.9% | 91.5% |
| Lingiari | 71.4% | 71.8% | 69.7% |
| Longman | 92.7% | 91.9% | 84.6% |
| Lowe | 94.0% | 93.3% | 92.6% |
| Lyne | 67.1% | 68.1% | 65.0% |
| Lyons | 70.7% | 67.8% | 68.4% |
| Macarthur | 91.2% | 90.9% | 90.7% |
| Mackellar | 79.7% | 78.5% | 76.5% |
| Macquarie | 80.2% | 79.3% | 76.7% |
| Makin | 78.1% | 75.1% | 66.1% |
| Mallee | 56.1% | 54.2% | 53.7% |
| Maranoa | 54.8% | 53.8% | 53.2% |
| Maribyrnong | 92.2% | 91.2% | 88.2% |
| Mayo | 67.9% | 63.0% | 57.5% |
| McEwen | 72.9% | 71.0% | 68.2% |
| McMillan | 67.9% | 67.9% | 67.2% |
| McPherson | 84.2% | 82.0% | 77.6% |
| Melbourne | 89.5% | 87.6% | 85.0% |
| Melbourne Ports | 83.7% | 80.0% | 74.6% |
| Menzies | 80.1% | 79.5% | 76.5% |
| Mitchell | 82.9% | 82.9% | 81.8% |
| Moncrieff | 83.7% | 81.1% | 74.2% |
| Moore | 78.6% | 76.2% | 72.5% |
| Moreton | 88.8% | 87.6% | 81.6% |
| Murray | 41.1% | 39.0% | 34.7% |
| New England | 57.3% | 55.7% | 50.4% |
| Newcastle | 79.2% | 77.7% | 72.6% |
| North Sydney | 72.7% | 71.1% | 67.6% |
| O'Connor | 49.2% | 49.6% | 51.1% |
| Oxley | 92.7% | 91.5% | 85.2% |
| Page | 52.1% | 49.3% | 47.4% |
| Parkes | 62.8% | 61.9% | 66.3% |
| Parramatta | 92.7% | 92.7% | 92.5% |
| Paterson | 68.5% | 66.7% | 60.6% |
| Pearce | 78.5% | 76.4% | 73.4% |
| Perth | 87.9% | 85.8% | 81.4% |
| Petrie | 87.2% | 85.5% | 75.7% |
| Port Adelaide | 90.8% | 90.4% | 88.6% |
| Prospect | 97.8% | 97.8% | 97.7% |
| Rankin | 94.3% | 93.8% | 91.0% |
| Reid | 98.3% | 98.3% | 98.1% |
| Richmond | 77.1% | 73.2% | 69.8% |
| Riverina | 45.3% | 44.6% | 45.4% |
| Robertson | 79.7% | 73.5% | 66.7% |
| Ryan | 74.9% | 71.3% | 60.5% |
| Scullin | 90.8% | 89.7% | 87.7% |

| | | | |
|------------------|--------------|--------------|--------------|
| Shortland | 77.7% | 65.7% | 58.7% |
| Solomon | 61.9% | 61.3% | 58.9% |
| Stirling | 85.7% | 84.3% | 80.8% |
| Sturt | 71.1% | 68.3% | 62.7% |
| Swan | 84.0% | 82.4% | 79.5% |
| Sydney | 90.9% | 89.0% | 85.7% |
| Tangney | 74.3% | 72.7% | 69.3% |
| Throsby | 92.6% | 92.9% | 92.7% |
| Wakefield | 52.9% | 49.5% | 44.9% |
| Wannon | 55.4% | 55.4% | 53.7% |
| Warringah | 77.5% | 76.5% | 74.2% |
| Watson | 97.0% | 97.0% | 96.5% |
| Wentworth | 83.0% | 78.7% | 75.8% |
| Werriwa | 95.9% | 95.8% | 95.7% |
| Wide Bay | 69.7% | 68.8% | 64.3% |
| Wills | 90.5% | 89.2% | 86.0% |
| Undefined | 74.6% | 73.3% | 71.2% |
| Total | 78.8% | 77.0% | 73.6% |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - NUMBER OF UNREFERRED ATTENDANCES
 BULK BILLED
 BY FEDERAL ELECTORAL DIVISION
 BASED ON ENROLMENT POSTCODE
 12 MONTHS TO SEPTEMBER 2000, 2001 & 2002**

| Electorate | 12 Months to September | | |
|--------------------|-------------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 542,941 | 530,238 | 476,876 |
| Aston | 630,706 | 620,284 | 593,976 |
| Ballarat | 374,354 | 353,019 | 335,408 |
| Banks | 716,080 | 699,889 | 693,548 |
| Barker | 241,541 | 244,445 | 238,863 |
| Barton | 805,765 | 792,504 | 790,761 |
| Bass | 225,283 | 213,149 | 206,375 |
| Batman | 823,344 | 793,175 | 745,434 |
| Bendigo | 259,860 | 250,278 | 250,896 |
| Bennelong | 589,748 | 576,873 | 581,781 |
| Berowra | 526,464 | 526,181 | 512,180 |
| Blair | 491,882 | 491,076 | 475,380 |
| Blaxland | 1,076,201 | 1,071,873 | 1,061,276 |
| Bonython | 816,019 | 814,608 | 762,521 |
| Boothby | 432,537 | 426,265 | 389,682 |
| Bowman | 655,325 | 640,573 | 586,205 |
| Braddon | 291,859 | 292,484 | 290,255 |
| Bradfield | 440,848 | 427,399 | 407,051 |
| Brand | 478,962 | 431,360 | 378,794 |
| Brisbane | 596,587 | 558,655 | 488,425 |
| Bruce | 698,637 | 665,253 | 619,853 |
| Burke | 504,874 | 513,284 | 520,659 |
| Calare | 320,712 | 321,344 | 317,425 |
| Calwell | 906,732 | 900,893 | 883,205 |
| Canberra | 390,077 | 358,975 | 301,119 |
| Canning | 359,166 | 352,418 | 312,414 |
| Capricornia | 230,178 | 248,299 | 250,287 |
| Casey | 491,796 | 483,730 | 447,167 |
| Charlton | 486,668 | 432,753 | 374,789 |
| Chifley | 1,048,681 | 1,047,684 | 1,049,551 |
| Chisholm | 597,621 | 567,669 | 535,209 |
| Cook | 531,546 | 523,195 | 519,616 |
| Corangamite | 288,191 | 270,117 | 239,522 |
| Corio | 401,646 | 385,670 | 354,812 |
| Cowan | 553,749 | 537,644 | 492,028 |
| Cowper | 276,066 | 284,659 | 275,234 |
| Cunningham | 596,596 | 591,980 | 579,074 |
| Curtin | 354,757 | 341,721 | 329,006 |

| | | | |
|------------------------|-----------|-----------|-----------|
| Dawson | 316,029 | 366,966 | 410,292 |
| Deakin | 542,977 | 521,718 | 493,551 |
| Denison | 286,838 | 291,679 | 266,515 |
| Dickson | 524,276 | 491,033 | 404,456 |
| Dobell | 583,598 | 505,961 | 436,038 |
| Dunkley | 531,879 | 485,467 | 363,723 |
| Eden-Monaro | 211,189 | 205,087 | 195,019 |
| Fadden | 659,043 | 658,795 | 606,610 |
| Fairfax | 504,929 | 502,304 | 451,967 |
| Farrer | 220,622 | 217,182 | 197,834 |
| Fisher | 704,066 | 697,696 | 640,645 |
| Flinders | 465,700 | 404,753 | 339,434 |
| Forde | 655,729 | 651,084 | 628,652 |
| Forrest | 238,122 | 243,938 | 252,826 |
| Fowler | 1,154,390 | 1,148,090 | 1,132,704 |
| Franklin | 280,094 | 276,015 | 268,901 |
| Fraser | 439,690 | 405,918 | 297,966 |
| Fremantle | 499,031 | 483,490 | 443,925 |
| Gellibrand | 770,237 | 741,547 | 693,511 |
| Gilmore | 357,373 | 363,746 | 352,388 |
| Gippsland | 267,185 | 270,291 | 277,001 |
| Goldstein | 516,403 | 480,474 | 448,922 |
| Grayndler | 831,179 | 795,425 | 765,311 |
| Greenway | 862,623 | 876,802 | 900,106 |
| Grey | 385,843 | 402,438 | 384,763 |
| Griffith | 655,332 | 622,466 | 543,341 |
| Groom | 467,749 | 448,792 | 402,975 |
| Gwydir | 329,523 | 324,046 | 333,225 |
| Hasluck | 508,824 | 494,631 | 462,260 |
| Herbert | 390,482 | 348,475 | 314,760 |
| Higgins | 491,975 | 459,860 | 430,903 |
| Hindmarsh | 520,333 | 521,697 | 487,348 |
| Hinkler | 189,241 | 209,249 | 236,137 |
| Holt | 814,286 | 778,124 | 718,578 |
| Hotham | 671,946 | 644,782 | 603,700 |
| Hughes | 586,862 | 579,682 | 576,786 |
| Hume | 320,678 | 332,290 | 332,413 |
| Hunter | 313,847 | 295,676 | 284,059 |
| Indi | 206,483 | 205,658 | 179,644 |
| Isaacs | 609,596 | 586,825 | 533,653 |
| Jagajaga | 512,495 | 498,274 | 479,495 |
| Kalgoorlie | 256,334 | 257,186 | 240,126 |
| Kennedy | 341,776 | 345,720 | 334,120 |
| Kingsford-Smith | 841,735 | 820,450 | 810,233 |
| Kingston | 556,751 | 546,732 | 485,008 |
| Kooyong | 411,046 | 386,564 | 367,045 |
| La Trobe | 538,489 | 516,819 | 488,132 |
| Lalor | 663,148 | 652,699 | 631,151 |

| | | | |
|------------------------|-----------|-----------|-----------|
| Leichhardt | 517,103 | 530,656 | 530,264 |
| Lilley | 634,052 | 594,159 | 515,570 |
| Lindsay | 744,881 | 722,485 | 700,235 |
| Lingiari | 144,648 | 149,632 | 140,405 |
| Longman | 703,372 | 707,765 | 631,193 |
| Lowe | 750,677 | 733,143 | 731,030 |
| Lyne | 405,987 | 428,962 | 411,165 |
| Lyons | 299,494 | 282,936 | 286,679 |
| Macarthur | 784,488 | 796,331 | 814,117 |
| Mackellar | 544,245 | 531,481 | 506,847 |
| Macquarie | 524,412 | 513,735 | 489,955 |
| Makin | 526,813 | 506,374 | 433,407 |
| Mallee | 286,912 | 281,213 | 277,078 |
| Maranoa | 296,433 | 296,361 | 292,469 |
| Maribyrnong | 752,029 | 733,640 | 693,734 |
| Mayo | 416,508 | 388,694 | 353,598 |
| McEwen | 458,143 | 457,197 | 451,741 |
| McMillan | 386,552 | 394,898 | 396,994 |
| McPherson | 722,406 | 708,302 | 654,680 |
| Melbourne | 741,736 | 718,166 | 682,988 |
| Melbourne Ports | 614,807 | 567,973 | 521,871 |
| Menzies | 500,791 | 505,345 | 486,178 |
| Mitchell | 538,648 | 550,840 | 553,216 |
| Moncrieff | 704,745 | 685,288 | 615,865 |
| Moore | 453,760 | 439,174 | 408,107 |
| Moreton | 640,214 | 628,625 | 566,943 |
| Murray | 207,019 | 194,246 | 170,062 |
| New England | 282,548 | 273,614 | 242,737 |
| Newcastle | 524,813 | 497,678 | 457,153 |
| North Sydney | 452,146 | 441,840 | 410,656 |
| O'Connor | 226,507 | 237,817 | 240,100 |
| Oxley | 787,233 | 776,501 | 688,582 |
| Page | 265,813 | 258,494 | 244,641 |
| Parkes | 300,886 | 297,470 | 325,791 |
| Parramatta | 849,963 | 838,290 | 836,504 |
| Paterson | 390,603 | 383,663 | 345,356 |
| Pearce | 431,413 | 433,028 | 418,296 |
| Perth | 609,078 | 583,022 | 538,634 |
| Petrie | 666,330 | 645,471 | 551,224 |
| Port Adelaide | 739,696 | 723,061 | 693,096 |
| Prospect | 1,041,388 | 1,023,406 | 1,009,768 |
| Rankin | 805,433 | 808,271 | 766,353 |
| Reid | 1,049,300 | 1,026,455 | 1,029,463 |
| Richmond | 469,116 | 448,927 | 440,270 |
| Riverina | 209,109 | 208,030 | 206,203 |
| Robertson | 555,752 | 509,443 | 448,328 |
| Ryan | 450,560 | 425,978 | 350,879 |
| Scullin | 749,205 | 743,105 | 729,881 |

| | | | |
|------------------|------------|------------|------------|
| Shortland | 505,689 | 409,108 | 359,730 |
| Solomon | 190,901 | 188,470 | 173,956 |
| Stirling | 659,763 | 639,909 | 596,675 |
| Sturt | 471,450 | 453,089 | 410,030 |
| Swan | 525,651 | 503,208 | 481,380 |
| Sydney | 726,164 | 710,904 | 684,014 |
| Tangney | 475,543 | 457,501 | 429,760 |
| Throsby | 691,827 | 708,171 | 723,327 |
| Wakefield | 296,878 | 283,676 | 261,279 |
| Wannon | 264,254 | 268,736 | 258,689 |
| Warringah | 538,676 | 528,633 | 504,237 |
| Watson | 968,259 | 948,720 | 935,634 |
| Wentworth | 603,720 | 549,760 | 513,588 |
| Werriwa | 816,215 | 812,879 | 820,529 |
| Wide Bay | 417,479 | 425,007 | 398,971 |
| Wills | 787,646 | 763,732 | 716,656 |
| Undefined | 199,993 | 221,067 | 240,179 |
| Total | 79,359,854 | 77,449,967 | 73,393,744 |

**COMMONWEALTH DEPT OF HEALTH &
AGEING**

**MEDICARE - AVERAGE PATIENT CONTRIBUTION
PER SERVICE**

**PATIENT BILLED NON HOSPITAL
UNREFERRED ATTENDANCES**

**BY FEDERAL ELECTORAL DIVISION
BASED ON ENROLMENT POSTCODE**

12 MONTHS TO SEPTEMBER 2000, 2001 & 2002

| Electorate | 12 Months to September | | |
|-------------|------------------------|---------|---------|
| | 2000 | 2001 | 2002 |
| Adelaide | \$10.04 | \$10.58 | \$10.97 |
| Aston | \$12.06 | \$13.25 | \$14.01 |
| Ballarat | \$9.98 | \$9.94 | \$10.84 |
| Banks | \$9.18 | \$9.66 | \$10.78 |
| Barker | \$8.48 | \$8.96 | \$9.46 |
| Barton | \$10.31 | \$11.27 | \$12.77 |
| Bass | \$9.45 | \$10.18 | \$11.08 |
| Batman | \$11.59 | \$12.08 | \$12.32 |
| Bendigo | \$7.77 | \$8.59 | \$9.70 |
| Bennelong | \$11.90 | \$12.48 | \$13.49 |
| Berowra | \$11.03 | \$12.13 | \$13.17 |
| Blair | \$9.05 | \$8.96 | \$9.17 |
| Blaxland | \$7.99 | \$8.41 | \$9.20 |
| Bonython | \$7.93 | \$8.42 | \$8.75 |
| Boothby | \$9.28 | \$9.89 | \$10.50 |
| Bowman | \$11.42 | \$11.97 | \$12.89 |
| Braddon | \$7.96 | \$8.15 | \$8.07 |
| Bradfield | \$13.48 | \$14.53 | \$16.02 |
| Brand | \$8.92 | \$9.23 | \$9.46 |
| Brisbane | \$13.20 | \$13.32 | \$14.19 |
| Bruce | \$12.32 | \$13.11 | \$13.69 |
| Burke | \$10.32 | \$11.11 | \$11.90 |
| Calare | \$10.17 | \$10.95 | \$11.76 |
| Calwell | \$10.33 | \$10.93 | \$12.44 |
| Canberra | \$13.31 | \$14.06 | \$15.20 |
| Canning | \$9.79 | \$10.49 | \$10.59 |
| Capricornia | \$9.49 | \$9.98 | \$10.57 |
| Casey | \$11.57 | \$12.47 | \$13.23 |
| Charlton | \$10.58 | \$10.51 | \$10.74 |
| Chifley | \$12.44 | \$13.43 | \$14.68 |
| Chisholm | \$12.97 | \$13.16 | \$14.19 |
| Cook | \$10.22 | \$11.05 | \$11.81 |
| Corangamite | \$9.45 | \$9.83 | \$10.92 |
| Corio | \$8.93 | \$9.58 | \$10.30 |
| Cowan | \$10.88 | \$9.72 | \$10.42 |
| Cowper | \$8.08 | \$8.65 | \$9.72 |
| Cunningham | \$8.25 | \$9.12 | \$9.66 |

| | | | |
|------------------------|---------|---------|---------|
| Curtin | \$13.88 | \$14.37 | \$15.27 |
| Dawson | \$13.69 | \$14.18 | \$14.54 |
| Deakin | \$11.63 | \$12.43 | \$13.97 |
| Denison | \$7.85 | \$8.23 | \$8.62 |
| Dickson | \$9.97 | \$10.72 | \$11.83 |
| Dobell | \$8.91 | \$9.14 | \$9.82 |
| Dunkley | \$11.25 | \$12.08 | \$12.18 |
| Eden-Monaro | \$9.74 | \$10.30 | \$11.47 |
| Fadden | \$11.13 | \$12.02 | \$12.91 |
| Fairfax | \$7.36 | \$7.43 | \$8.15 |
| Farrer | \$9.51 | \$10.02 | \$10.65 |
| Fisher | \$9.59 | \$8.72 | \$9.62 |
| Flinders | \$9.40 | \$9.80 | \$10.42 |
| Forde | \$10.03 | \$10.66 | \$11.36 |
| Forrest | \$10.40 | \$11.08 | \$11.85 |
| Fowler | \$9.34 | \$9.88 | \$10.86 |
| Franklin | \$8.06 | \$8.37 | \$8.71 |
| Fraser | \$13.91 | \$14.96 | \$15.31 |
| Fremantle | \$12.24 | \$14.07 | \$14.52 |
| Gellibrand | \$12.19 | \$12.80 | \$12.86 |
| Gilmore | \$8.91 | \$9.51 | \$10.62 |
| Gippsland | \$8.40 | \$8.90 | \$9.37 |
| Goldstein | \$13.10 | \$13.78 | \$15.26 |
| Grayndler | \$13.72 | \$15.62 | \$17.10 |
| Greenway | \$12.63 | \$14.47 | \$15.92 |
| Grey | \$8.50 | \$8.70 | \$8.98 |
| Griffith | \$12.91 | \$13.77 | \$14.45 |
| Groom | \$9.87 | \$10.40 | \$11.44 |
| Gwydir | \$9.89 | \$10.12 | \$10.86 |
| Hasluck | \$10.25 | \$10.54 | \$10.91 |
| Herbert | \$12.59 | \$13.94 | \$15.10 |
| Higgins | \$14.85 | \$15.57 | \$16.62 |
| Hindmarsh | \$9.34 | \$10.07 | \$10.50 |
| Hinkler | \$9.62 | \$9.90 | \$10.85 |
| Holt | \$10.59 | \$11.03 | \$11.67 |
| Hotham | \$10.43 | \$10.82 | \$11.92 |
| Hughes | \$9.76 | \$10.71 | \$11.57 |
| Hume | \$10.29 | \$11.16 | \$12.43 |
| Hunter | \$9.49 | \$10.02 | \$10.81 |
| Indi | \$9.17 | \$9.65 | \$10.03 |
| Isaacs | \$10.53 | \$11.12 | \$11.69 |
| Jagajaga | \$11.29 | \$11.76 | \$12.78 |
| Kalgoorlie | \$13.16 | \$13.14 | \$14.29 |
| Kennedy | \$10.85 | \$11.83 | \$12.94 |
| Kingsford-Smith | \$13.12 | \$14.24 | \$15.30 |
| Kingston | \$8.31 | \$8.90 | \$8.94 |
| Kooyong | \$14.39 | \$15.39 | \$16.49 |
| La Trobe | \$11.27 | \$11.80 | \$13.26 |
| Lalor | \$10.53 | \$10.57 | \$10.97 |
| Leichhardt | \$11.98 | \$12.33 | \$13.04 |
| Lilley | \$11.54 | \$12.07 | \$13.41 |

| | | | |
|------------------------|---------|---------|---------|
| Lindsay | \$9.84 | \$10.93 | \$11.96 |
| Lingiari | \$14.87 | \$15.76 | \$15.98 |
| Longman | \$9.49 | \$10.07 | \$9.57 |
| Lowe | \$13.68 | \$14.85 | \$16.24 |
| Lyne | \$7.99 | \$8.65 | \$9.11 |
| Lyons | \$8.92 | \$8.97 | \$9.29 |
| Macarthur | \$10.12 | \$10.61 | \$11.67 |
| Mackellar | \$14.03 | \$14.92 | \$16.57 |
| Macquarie | \$10.08 | \$11.05 | \$11.95 |
| Makin | \$9.27 | \$9.82 | \$9.85 |
| Mallee | \$9.66 | \$9.47 | \$10.00 |
| Maranoa | \$9.65 | \$9.87 | \$11.31 |
| Maribyrnong | \$10.64 | \$11.31 | \$11.46 |
| Mayo | \$9.17 | \$9.88 | \$10.77 |
| McEwen | \$10.90 | \$11.15 | \$11.73 |
| McMillan | \$8.42 | \$8.69 | \$9.59 |
| McPherson | \$10.06 | \$11.50 | \$12.76 |
| Melbourne | \$14.71 | \$15.36 | \$16.59 |
| Melbourne Ports | \$13.88 | \$14.84 | \$16.01 |
| Menzies | \$13.18 | \$13.58 | \$14.76 |
| Mitchell | \$13.73 | \$15.17 | \$16.35 |
| Moncrieff | \$12.10 | \$13.33 | \$14.08 |
| Moore | \$9.79 | \$10.25 | \$11.04 |
| Moreton | \$12.37 | \$13.57 | \$14.05 |
| Murray | \$10.41 | \$11.29 | \$12.26 |
| New England | \$9.58 | \$10.03 | \$10.48 |
| Newcastle | \$11.47 | \$12.15 | \$12.10 |
| North Sydney | \$15.20 | \$16.32 | \$17.80 |
| O'Connor | \$10.47 | \$10.61 | \$11.42 |
| Oxley | \$9.76 | \$10.17 | \$10.32 |
| Page | \$9.07 | \$9.61 | \$10.33 |
| Parkes | \$9.75 | \$10.60 | \$11.20 |
| Parramatta | \$11.98 | \$13.03 | \$14.45 |
| Paterson | \$10.61 | \$11.11 | \$11.65 |
| Pearce | \$11.03 | \$10.92 | \$11.10 |
| Perth | \$12.70 | \$12.08 | \$12.33 |
| Petrie | \$10.91 | \$11.84 | \$11.83 |
| Port Adelaide | \$9.28 | \$9.85 | \$10.55 |
| Prospect | \$11.27 | \$12.03 | \$13.14 |
| Rankin | \$11.99 | \$12.91 | \$13.68 |
| Reid | \$11.49 | \$12.04 | \$13.57 |
| Richmond | \$9.48 | \$9.90 | \$10.09 |
| Riverina | \$9.49 | \$10.31 | \$11.55 |
| Robertson | \$8.62 | \$8.88 | \$9.81 |
| Ryan | \$12.31 | \$12.81 | \$13.90 |
| Scullin | \$9.95 | \$10.41 | \$11.38 |
| Shortland | \$10.28 | \$9.34 | \$9.85 |
| Solomon | \$16.81 | \$17.25 | \$18.59 |
| Stirling | \$12.52 | \$11.63 | \$11.98 |
| Sturt | \$9.45 | \$10.07 | \$10.85 |
| Swan | \$11.34 | \$11.86 | \$12.76 |

| | | | |
|------------------|---------|---------|---------|
| Sydney | \$16.97 | \$18.05 | \$19.06 |
| Tangney | \$11.78 | \$13.84 | \$15.27 |
| Throsby | \$10.25 | \$10.95 | \$11.45 |
| Wakefield | \$8.47 | \$8.84 | \$9.31 |
| Wannon | \$9.16 | \$9.41 | \$10.17 |
| Warringah | \$15.56 | \$16.70 | \$18.24 |
| Watson | \$9.51 | \$10.65 | \$11.98 |
| Wentworth | \$17.34 | \$18.68 | \$19.86 |
| Werriwa | \$8.89 | \$9.46 | \$10.66 |
| Wide Bay | \$8.57 | \$9.24 | \$9.60 |
| Wills | \$10.87 | \$11.87 | \$12.30 |
| Undefined | \$13.77 | \$14.97 | \$16.17 |
| Total | \$10.61 | \$11.21 | \$12.00 |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - TOTAL UNREFERRED ATTENDANCES
 BY FEDERAL ELECTORAL DIVISION
 BASED ON ENROLMENT POSTCODE
 12 MONTHS TO SEPTEMBER 2000, 2001 & 2002**

| Electorate | 12 Months to September | | |
|--------------------|-------------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 657,031 | 647,308 | 639,181 |
| Aston | 734,695 | 729,424 | 728,817 |
| Ballarat | 564,883 | 555,667 | 557,451 |
| Banks | 818,653 | 802,092 | 799,785 |
| Barker | 558,912 | 561,934 | 576,277 |
| Barton | 869,819 | 854,278 | 856,368 |
| Bass | 430,093 | 417,802 | 411,537 |
| Batman | 888,564 | 869,838 | 846,029 |
| Bendigo | 504,035 | 503,801 | 513,547 |
| Bennelong | 715,443 | 701,629 | 706,826 |
| Berowra | 678,972 | 683,586 | 688,748 |
| Blair | 590,053 | 603,269 | 609,652 |
| Blaxland | 1,118,822 | 1,109,827 | 1,104,061 |
| Bonython | 873,075 | 876,580 | 846,944 |
| Boothby | 648,454 | 650,067 | 641,874 |
| Bowman | 759,173 | 755,777 | 739,508 |
| Braddon | 438,989 | 453,474 | 462,103 |
| Bradfield | 643,726 | 639,762 | 635,831 |
| Brand | 588,125 | 576,259 | 571,410 |
| Brisbane | 688,998 | 679,394 | 651,724 |
| Bruce | 811,943 | 790,336 | 774,698 |
| Burke | 705,480 | 719,395 | 747,216 |
| Calare | 521,590 | 527,374 | 519,207 |
| Calwell | 961,358 | 976,114 | 988,658 |
| Canberra | 663,881 | 653,287 | 628,395 |
| Canning | 509,886 | 511,021 | 502,437 |
| Capricornia | 501,234 | 521,105 | 529,554 |
| Casey | 645,697 | 642,013 | 630,238 |
| Charlton | 621,127 | 607,484 | 593,532 |
| Chifley | 1,063,476 | 1,062,934 | 1,065,280 |
| Chisholm | 716,127 | 696,680 | 679,367 |
| Cook | 655,657 | 654,866 | 658,454 |
| Corangamite | 517,784 | 525,819 | 527,482 |
| Corio | 584,493 | 587,105 | 581,140 |
| Cowan | 628,131 | 628,999 | 613,766 |
| Cowper | 510,392 | 522,914 | 522,393 |
| Cunningham | 701,524 | 690,533 | 689,811 |
| Curtin | 553,276 | 542,165 | 537,865 |

| | | | |
|------------------------|-----------|-----------|-----------|
| Dawson | 554,188 | 581,855 | 619,250 |
| Deakin | 678,323 | 664,128 | 652,324 |
| Denison | 485,961 | 491,880 | 494,053 |
| Dickson | 663,268 | 664,305 | 642,701 |
| Dobell | 694,059 | 672,427 | 654,507 |
| Dunkley | 675,307 | 654,709 | 620,863 |
| Eden-Monaro | 482,899 | 491,057 | 488,529 |
| Fadden | 750,836 | 767,843 | 753,099 |
| Fairfax | 642,155 | 661,440 | 667,640 |
| Farrer | 484,878 | 483,351 | 473,303 |
| Fisher | 781,411 | 796,565 | 790,426 |
| Flinders | 656,190 | 643,670 | 634,660 |
| Forde | 720,576 | 726,812 | 726,365 |
| Forrest | 451,010 | 463,636 | 478,608 |
| Fowler | 1,175,190 | 1,167,988 | 1,152,415 |
| Franklin | 475,415 | 479,195 | 485,326 |
| Fraser | 671,012 | 671,081 | 627,265 |
| Fremantle | 607,424 | 607,052 | 599,938 |
| Gellibrand | 817,984 | 794,334 | 769,527 |
| Gilmore | 544,388 | 560,278 | 561,725 |
| Gippsland | 484,811 | 493,896 | 507,495 |
| Goldstein | 714,543 | 705,032 | 719,477 |
| Grayndler | 875,153 | 843,109 | 823,886 |
| Greenway | 903,089 | 920,105 | 947,325 |
| Grey | 572,625 | 586,737 | 585,501 |
| Griffith | 744,326 | 734,412 | 706,836 |
| Groom | 645,129 | 640,575 | 621,858 |
| Gwydir | 533,284 | 531,211 | 532,364 |
| Hasluck | 624,428 | 624,290 | 613,134 |
| Herbert | 579,135 | 569,583 | 546,669 |
| Higgins | 662,363 | 654,297 | 651,474 |
| Hindmarsh | 684,863 | 685,560 | 677,982 |
| Hinkler | 473,324 | 508,596 | 544,072 |
| Holt | 892,013 | 884,852 | 876,259 |
| Hotham | 768,756 | 753,061 | 734,966 |
| Hughes | 732,573 | 728,769 | 729,104 |
| Hume | 528,058 | 542,918 | 553,226 |
| Hunter | 533,012 | 529,962 | 534,754 |
| Indi | 494,387 | 499,430 | 488,260 |
| Isaacs | 715,985 | 712,987 | 708,213 |
| Jagajaga | 662,698 | 660,847 | 656,595 |
| Kalgoorlie | 398,794 | 407,528 | 389,690 |
| Kennedy | 535,886 | 535,255 | 526,517 |
| Kingsford-Smith | 905,001 | 888,646 | 885,740 |
| Kingston | 707,852 | 708,150 | 686,776 |
| Kooyong | 581,775 | 576,882 | 573,390 |
| La Trobe | 682,102 | 690,740 | 701,904 |

| | | | |
|------------------------|-----------|-----------|-----------|
| Lalor | 726,793 | 727,677 | 725,816 |
| Leichhardt | 637,667 | 655,766 | 656,620 |
| Lilley | 738,132 | 722,322 | 686,068 |
| Lindsay | 798,047 | 777,924 | 765,698 |
| Lingiari | 202,654 | 208,329 | 201,495 |
| Longman | 759,015 | 769,871 | 746,130 |
| Lowe | 798,808 | 785,572 | 789,127 |
| Lyne | 604,987 | 630,115 | 632,755 |
| Lyons | 423,606 | 417,042 | 419,345 |
| Macarthur | 859,964 | 875,800 | 897,946 |
| Mackellar | 683,281 | 677,007 | 662,855 |
| Macquarie | 653,701 | 647,625 | 638,428 |
| Makin | 674,518 | 674,694 | 655,344 |
| Mallee | 511,636 | 518,622 | 516,206 |
| Maranoa | 540,472 | 550,838 | 549,323 |
| Maribyrnong | 815,746 | 804,483 | 786,700 |
| Mayo | 613,437 | 617,138 | 615,162 |
| McEwen | 628,257 | 643,708 | 662,699 |
| McMillan | 569,301 | 581,448 | 590,456 |
| McPherson | 857,475 | 863,601 | 843,893 |
| Melbourne | 829,165 | 820,069 | 803,354 |
| Melbourne Ports | 734,289 | 709,769 | 699,602 |
| Menzies | 625,352 | 635,760 | 635,162 |
| Mitchell | 650,112 | 664,774 | 676,085 |
| Moncrieff | 842,214 | 845,061 | 830,081 |
| Moore | 577,110 | 576,589 | 563,094 |
| Moreton | 721,132 | 717,492 | 695,136 |
| Murray | 503,858 | 497,858 | 490,059 |
| New England | 493,440 | 491,241 | 481,223 |
| Newcastle | 662,984 | 640,336 | 629,666 |
| North Sydney | 622,222 | 621,329 | 607,546 |
| O'Connor | 460,738 | 479,364 | 470,125 |
| Oxley | 849,383 | 848,751 | 808,482 |
| Page | 510,195 | 524,175 | 516,644 |
| Parkes | 479,007 | 480,352 | 491,424 |
| Parramatta | 916,548 | 904,256 | 904,059 |
| Paterson | 570,212 | 575,260 | 569,498 |
| Pearce | 549,592 | 566,752 | 570,093 |
| Perth | 693,004 | 679,403 | 661,983 |
| Petrie | 764,234 | 754,976 | 728,581 |
| Port Adelaide | 814,673 | 800,122 | 782,002 |
| Prospect | 1,064,282 | 1,046,643 | 1,034,028 |
| Rankin | 853,681 | 861,237 | 841,737 |
| Reid | 1,067,139 | 1,044,409 | 1,049,219 |
| Richmond | 608,118 | 613,579 | 631,071 |
| Riverina | 461,700 | 466,234 | 454,645 |
| Robertson | 697,584 | 692,935 | 671,700 |

| | | | |
|------------------|--------------------|--------------------|-------------------|
| Ryan | 601,486 | 597,469 | 579,866 |
| Scullin | 824,980 | 828,418 | 831,928 |
| Shortland | 650,897 | 622,409 | 612,736 |
| Solomon | 308,465 | 307,465 | 295,138 |
| Stirling | 770,057 | 759,018 | 738,860 |
| Sturt | 663,429 | 663,841 | 653,797 |
| Swan | 626,116 | 610,359 | 605,292 |
| Sydney | 798,529 | 799,139 | 797,705 |
| Tangney | 639,804 | 629,539 | 620,276 |
| Throsby | 747,246 | 762,142 | 780,543 |
| Wakefield | 560,766 | 573,056 | 582,449 |
| Wannon | 477,231 | 484,969 | 481,662 |
| Warringah | 695,143 | 691,412 | 680,023 |
| Watson | 998,357 | 978,103 | 969,155 |
| Wentworth | 727,243 | 698,273 | 677,904 |
| Werriwa | 851,489 | 848,615 | 857,360 |
| Wide Bay | 599,114 | 617,463 | 620,498 |
| Wills | 870,527 | 856,318 | 833,484 |
| Undefined | 268,002 | 301,606 | 337,425 |
| Total | 100,690,352 | 100,530,873 | 99,687,614 |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-047

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE STATISTICS

Written Question on Notice

Senator McLucas asked:

- (a) What is the electorate-by-electorate breakdown of the percentage of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (b) What is the electorate-by-electorate breakdown of the number of total unreferral (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (c) What is the electorate-by-electorate breakdown for the average patient contribution per service (patient billed services only) for total unreferral (GP) attendances by Federal Electoral Division for the quarter ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (d) What is the electorate-by-electorate breakdown for the number of services for total unreferral (GP) attendances by Federal Electoral Division for the quarters ending 30 September 2000, 30 September 2001 and 30 September 2002?

Answer:

- (a-d) The requested statistics based on claims processed by the Health Insurance Commission (HIC) in the respective quarters, are attached.

The statistics relate to unreferral (GP) attendances rendered on a 'fee-for-service' basis for which Medicare benefits were paid in the quarters in question. Excluded are details of services to public patients in hospital, to Veterans' Affairs patients and some compensation cases.

The statistics on the average patient contribution per service in each quarter, relate to patient billed non hospital services only. These statistics were compiled by taking the difference between fees charged and benefits paid and dividing by the number of services. Hospital services have been excluded from this Table since information is not available in the Medicare system on health fund rebates.

Caution should be exercised in interpreting fees charged data and average patient contributions per service in Medicare statistics. For patient billed services paid by the HIC prior to the account being settled with the medical practitioner, the fee charged reflects the amount recorded on the account. This may not be subsequently received in full, since some practitioners discount fees for prompt payment.

Medicare statistics are captured at the postcode level. Since some postcodes overlap Federal Electoral Division boundaries, statistics by Medicare enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the proportion of the population of each postcode in each electoral division.

**COMMONWEALTH DEPT OF HEALTH &
AGEING**

**MEDICARE - % OF UNREFERRED ATTENDANCES
BULK BILLED**

**BY FEDERAL ELECTORAL DIVISION
BASED ON ENROLMENT POSTCODE
SEPTEMBER QUARTER 2000, 2001 & 2002**

| Electorate | September Quarter | | |
|--------------------|--------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 81.7% | 81.4% | 69.7% |
| Aston | 85.8% | 84.6% | 77.3% |
| Ballarat | 64.6% | 62.2% | 57.1% |
| Banks | 87.6% | 87.0% | 86.1% |
| Barker | 43.1% | 42.9% | 38.5% |
| Barton | 92.7% | 92.8% | 91.8% |
| Bass | 50.9% | 49.4% | 49.8% |
| Batman | 92.1% | 90.5% | 86.2% |
| Bendigo | 49.3% | 48.3% | 48.0% |
| Bennelong | 82.8% | 83.2% | 81.7% |
| Berowra | 77.7% | 77.1% | 72.6% |
| Blair | 82.8% | 80.6% | 75.6% |
| Blaxland | 96.2% | 96.6% | 95.8% |
| Bonython | 93.5% | 92.5% | 89.1% |
| Boothby | 64.8% | 65.7% | 54.9% |
| Bowman | 86.0% | 83.3% | 74.0% |
| Braddon | 65.5% | 62.6% | 60.0% |
| Bradfield | 68.9% | 66.6% | 61.1% |
| Brand | 79.5% | 70.3% | 63.9% |
| Brisbane | 85.7% | 80.3% | 68.5% |
| Bruce | 85.8% | 83.2% | 77.2% |
| Burke | 71.0% | 70.3% | 67.2% |
| Calare | 62.0% | 60.2% | 61.1% |
| Calwell | 93.8% | 91.7% | 85.6% |
| Canberra | 58.3% | 54.0% | 44.1% |
| Canning | 69.7% | 69.0% | 58.6% |
| Capricornia | 45.5% | 49.1% | 43.7% |
| Casey | 75.5% | 74.2% | 67.0% |
| Charlton | 77.9% | 66.3% | 60.7% |
| Chifley | 98.6% | 98.6% | 98.5% |
| Chisholm | 82.9% | 80.9% | 76.7% |
| Cook | 80.5% | 79.5% | 76.9% |
| Corangamite | 52.8% | 50.1% | 42.9% |
| Corio | 66.6% | 62.7% | 59.3% |
| Cowan | 87.9% | 83.5% | 79.0% |
| Cowper | 54.3% | 54.3% | 51.2% |

| | | | |
|------------------------|-------|-------|-------|
| Cunningham | 84.7% | 85.3% | 81.1% |
| Curtin | 64.3% | 62.3% | 58.4% |
| Dawson | 58.4% | 65.3% | 65.7% |
| Deakin | 79.2% | 77.4% | 73.3% |
| Denison | 59.1% | 58.7% | 51.5% |
| Dickson | 77.9% | 70.8% | 53.5% |
| Dobell | 81.8% | 72.6% | 63.1% |
| Dunkley | 78.5% | 66.9% | 48.7% |
| Eden-Monaro | 42.2% | 41.8% | 38.3% |
| Fadden | 87.4% | 84.5% | 77.1% |
| Fairfax | 77.2% | 73.7% | 59.9% |
| Farrer | 45.1% | 42.8% | 40.3% |
| Fisher | 89.0% | 87.0% | 70.7% |
| Flinders | 69.7% | 55.2% | 50.8% |
| Forde | 90.8% | 88.6% | 84.3% |
| Forrest | 52.2% | 50.7% | 49.8% |
| Fowler | 98.3% | 98.3% | 98.1% |
| Franklin | 58.9% | 55.9% | 55.3% |
| Fraser | 64.7% | 56.0% | 38.8% |
| Fremantle | 81.7% | 78.9% | 69.0% |
| Gellibrand | 93.5% | 92.8% | 88.2% |
| Gilmore | 65.0% | 65.0% | 60.6% |
| Gippsland | 53.5% | 53.4% | 52.7% |
| Goldstein | 71.5% | 65.2% | 60.7% |
| Grayndler | 94.9% | 94.0% | 92.2% |
| Greenway | 95.6% | 95.5% | 94.9% |
| Grey | 66.8% | 69.0% | 64.1% |
| Griffith | 87.8% | 81.7% | 71.3% |
| Groom | 71.7% | 67.7% | 58.1% |
| Gwydir | 60.8% | 60.7% | 63.1% |
| Hasluck | 81.4% | 77.8% | 72.0% |
| Herbert | 65.7% | 59.6% | 54.7% |
| Higgins | 72.9% | 68.6% | 63.6% |
| Hindmarsh | 75.4% | 76.5% | 66.9% |
| Hinkler | 37.8% | 42.0% | 42.3% |
| Holt | 90.5% | 85.7% | 77.0% |
| Hotham | 86.5% | 84.6% | 80.0% |
| Hughes | 79.8% | 79.4% | 78.0% |
| Hume | 61.6% | 61.7% | 59.3% |
| Hunter | 58.8% | 54.5% | 50.7% |
| Indi | 40.9% | 40.9% | 30.9% |
| Isaacs | 84.4% | 78.7% | 70.2% |
| Jagajaga | 76.1% | 73.8% | 72.0% |
| Kalgoorlie | 63.9% | 61.2% | 60.8% |
| Kennedy | 64.1% | 64.4% | 61.4% |
| Kingsford-Smith | 93.1% | 92.1% | 90.5% |
| Kingston | 78.3% | 75.0% | 66.5% |
| Kooyong | 70.1% | 65.4% | 61.6% |

| | | | |
|------------------------|-------|-------|-------|
| La Trobe | 77.6% | 73.6% | 65.3% |
| Lalor | 90.8% | 89.3% | 82.0% |
| Leichhardt | 80.9% | 80.8% | 80.2% |
| Lilley | 85.2% | 80.9% | 68.7% |
| Lindsay | 93.0% | 93.2% | 90.0% |
| Lingiari | 71.2% | 71.7% | 68.1% |
| Longman | 92.0% | 91.7% | 78.3% |
| Lowe | 93.9% | 93.3% | 92.2% |
| Lyne | 68.1% | 67.0% | 63.2% |
| Lyons | 69.0% | 67.1% | 68.0% |
| Macarthur | 90.9% | 91.2% | 89.6% |
| Mackellar | 79.6% | 77.6% | 74.6% |
| Macquarie | 80.1% | 79.2% | 74.0% |
| Makin | 77.9% | 71.7% | 63.3% |
| Mallee | 56.2% | 53.7% | 53.9% |
| Maranoa | 53.7% | 53.6% | 51.8% |
| Maribyrnong | 91.8% | 90.4% | 86.8% |
| Mayo | 67.2% | 60.5% | 52.8% |
| McEwen | 71.5% | 70.2% | 65.8% |
| McMillan | 67.4% | 67.9% | 65.9% |
| McPherson | 83.8% | 80.6% | 75.0% |
| Melbourne | 89.1% | 87.1% | 83.4% |
| Melbourne Ports | 82.8% | 77.1% | 72.6% |
| Menzies | 80.0% | 77.8% | 73.9% |
| Mitchell | 83.5% | 83.2% | 81.5% |
| Moncrieff | 83.3% | 78.9% | 71.3% |
| Moore | 78.1% | 74.4% | 70.8% |
| Moreton | 89.0% | 85.1% | 77.1% |
| Murray | 40.5% | 37.1% | 32.4% |
| New England | 56.3% | 54.8% | 47.6% |
| Newcastle | 79.1% | 76.7% | 69.0% |
| North Sydney | 72.3% | 70.4% | 65.3% |
| O'Connor | 48.2% | 49.7% | 49.9% |
| Oxley | 92.2% | 90.6% | 79.8% |
| Page | 52.1% | 49.5% | 46.7% |
| Parkes | 62.5% | 62.9% | 69.9% |
| Parramatta | 92.9% | 92.7% | 92.6% |
| Paterson | 67.2% | 64.4% | 55.9% |
| Pearce | 78.9% | 74.7% | 72.1% |
| Perth | 87.6% | 85.0% | 78.4% |
| Petrie | 87.3% | 84.2% | 65.4% |
| Port Adelaide | 90.7% | 90.4% | 87.3% |
| Prospect | 97.9% | 97.9% | 97.6% |
| Rankin | 94.4% | 92.7% | 88.6% |
| Reid | 98.4% | 98.3% | 98.1% |
| Richmond | 76.3% | 70.6% | 69.0% |
| Riverina | 43.6% | 43.6% | 45.4% |
| Robertson | 79.3% | 71.8% | 63.7% |

| | | | |
|------------------|--------------|--------------|--------------|
| Ryan | 73.2% | 68.9% | 54.4% |
| Scullin | 90.2% | 88.2% | 86.9% |
| Shortland | 75.2% | 63.8% | 57.0% |
| Solomon | 62.5% | 61.7% | 57.6% |
| Stirling | 85.5% | 83.8% | 78.3% |
| Sturt | 70.3% | 66.0% | 58.9% |
| Swan | 84.7% | 81.8% | 77.1% |
| Sydney | 90.4% | 88.0% | 85.0% |
| Tangney | 74.5% | 72.7% | 66.3% |
| Throsby | 92.5% | 92.7% | 92.1% |
| Wakefield | 52.5% | 47.6% | 42.5% |
| Wannon | 54.9% | 54.8% | 50.6% |
| Warringah | 77.4% | 75.1% | 72.5% |
| Watson | 97.0% | 96.9% | 96.2% |
| Wentworth | 82.2% | 77.8% | 74.9% |
| Werriwa | 95.9% | 95.9% | 95.6% |
| Wide Bay | 69.7% | 67.4% | 59.9% |
| Wills | 89.9% | 88.3% | 83.5% |
| Undefined | 74.3% | 73.2% | 69.6% |
| Total | 78.3% | 76.1% | 71.2% |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - NUMBER OF UNREFERRED
 ATTENDANCES BULK BILLED
 BY FEDERAL ELECTORAL DIVISION
 BASED ON ENROLMENT POSTCODE
 SEPTEMBER QUARTER 2000, 2001 & 2002**

| Electorate | September Quarter | | |
|--------------------|--------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 146,287 | 136,154 | 115,197 |
| Aston | 168,818 | 163,789 | 149,892 |
| Ballarat | 93,592 | 89,859 | 85,541 |
| Banks | 192,004 | 185,638 | 183,019 |
| Barker | 65,421 | 61,144 | 58,844 |
| Barton | 216,037 | 215,551 | 209,164 |
| Bass | 57,503 | 55,426 | 55,083 |
| Batman | 210,420 | 208,559 | 194,755 |
| Bendigo | 65,696 | 63,433 | 65,572 |
| Bennelong | 159,056 | 157,060 | 152,400 |
| Berowra | 140,151 | 141,806 | 133,265 |
| Blair | 129,367 | 131,330 | 124,607 |
| Blaxland | 286,273 | 289,926 | 282,166 |
| Bonython | 232,576 | 216,026 | 202,517 |
| Boothby | 113,785 | 110,998 | 91,648 |
| Bowman | 169,352 | 165,337 | 141,411 |
| Braddon | 76,573 | 76,819 | 72,597 |
| Bradfield | 115,416 | 110,178 | 101,403 |
| Brand | 119,805 | 105,174 | 96,774 |
| Brisbane | 150,653 | 142,976 | 114,031 |
| Bruce | 182,033 | 172,028 | 157,858 |
| Burke | 133,114 | 136,692 | 132,908 |
| Calare | 87,409 | 82,987 | 83,146 |
| Calwell | 240,196 | 239,953 | 226,499 |
| Canberra | 103,263 | 94,687 | 72,909 |
| Canning | 92,975 | 95,335 | 76,947 |
| Capricornia | 60,930 | 68,902 | 61,840 |
| Casey | 129,928 | 125,579 | 113,060 |
| Charlton | 130,156 | 105,853 | 94,740 |
| Chifley | 281,517 | 284,906 | 287,016 |
| Chisholm | 153,823 | 145,951 | 136,409 |
| Cook | 139,164 | 137,705 | 133,797 |
| Corangamite | 72,048 | 69,286 | 59,308 |
| Corio | 101,236 | 95,809 | 90,897 |
| Cowan | 151,433 | 144,875 | 130,278 |
| Cowper | 72,616 | 75,122 | 69,473 |
| Cunningham | 158,606 | 155,546 | 146,866 |
| Curtin | 92,286 | 88,459 | 81,401 |

| | | | |
|------------------------|---------|---------|---------|
| Dawson | 87,150 | 101,448 | 108,958 |
| Deakin | 139,382 | 132,082 | 126,792 |
| Denison | 74,615 | 77,649 | 66,345 |
| Dickson | 134,887 | 126,880 | 89,794 |
| Dobell | 151,399 | 130,062 | 107,495 |
| Dunkley | 138,492 | 112,349 | 78,816 |
| Eden-Monaro | 53,911 | 54,116 | 49,186 |
| Fadden | 171,093 | 172,256 | 153,807 |
| Fairfax | 127,198 | 127,860 | 104,710 |
| Farrer | 58,469 | 53,564 | 50,490 |
| Fisher | 180,995 | 183,242 | 141,528 |
| Flinders | 120,519 | 91,658 | 84,572 |
| Forde | 171,019 | 171,239 | 162,823 |
| Forrest | 62,132 | 62,214 | 62,571 |
| Fowler | 310,804 | 313,223 | 305,131 |
| Franklin | 74,038 | 73,008 | 70,623 |
| Fraser | 116,903 | 98,548 | 63,293 |
| Fremantle | 130,692 | 127,587 | 106,693 |
| Gellibrand | 192,405 | 189,100 | 177,353 |
| Gilmore | 93,005 | 94,806 | 89,205 |
| Gippsland | 66,786 | 67,623 | 70,300 |
| Goldstein | 133,233 | 120,668 | 116,601 |
| Grayndler | 220,770 | 208,025 | 199,278 |
| Greenway | 237,416 | 242,582 | 244,220 |
| Grey | 105,053 | 107,261 | 102,444 |
| Griffith | 168,675 | 156,624 | 130,559 |
| Groom | 122,988 | 114,260 | 95,216 |
| Gwydir | 85,057 | 84,854 | 88,698 |
| Hasluck | 133,942 | 129,349 | 115,177 |
| Herbert | 99,814 | 88,949 | 75,660 |
| Higgins | 125,895 | 116,385 | 109,455 |
| Hindmarsh | 142,134 | 136,144 | 117,276 |
| Hinkler | 47,312 | 58,714 | 62,850 |
| Holt | 219,242 | 202,898 | 182,038 |
| Hotham | 172,362 | 164,536 | 154,753 |
| Hughes | 160,022 | 157,094 | 152,349 |
| Hume | 86,831 | 91,114 | 87,749 |
| Hunter | 84,235 | 76,713 | 72,466 |
| Indi | 54,058 | 52,529 | 39,027 |
| Isaacs | 160,868 | 146,250 | 132,109 |
| Jagajaga | 133,581 | 130,053 | 125,991 |
| Kalgoorlie | 66,597 | 62,718 | 64,409 |
| Kennedy | 86,591 | 87,522 | 83,996 |
| Kingsford-Smith | 224,251 | 215,377 | 212,593 |
| Kingston | 154,853 | 138,455 | 120,188 |
| Kooyong | 106,962 | 97,602 | 92,968 |
| La Trobe | 143,484 | 138,833 | 125,090 |
| Lalor | 173,401 | 173,193 | 163,180 |

| | | | |
|------------------------|---------|---------|---------|
| Leichhardt | 131,807 | 135,027 | 137,018 |
| Lilley | 161,721 | 155,535 | 123,069 |
| Lindsay | 198,776 | 197,070 | 181,707 |
| Lingiari | 36,262 | 35,973 | 34,866 |
| Longman | 181,799 | 184,296 | 157,147 |
| Lowe | 199,138 | 197,817 | 191,952 |
| Lyne | 109,842 | 111,655 | 105,638 |
| Lyons | 75,499 | 75,131 | 77,033 |
| Macarthur | 216,900 | 221,573 | 213,966 |
| Mackellar | 143,812 | 137,306 | 130,367 |
| Macquarie | 140,412 | 137,700 | 124,285 |
| Makin | 145,776 | 126,682 | 111,207 |
| Mallee | 78,120 | 73,301 | 74,014 |
| Maranoa | 78,029 | 79,126 | 75,361 |
| Maribyrnong | 196,251 | 188,851 | 179,292 |
| Mayo | 115,254 | 98,292 | 86,207 |
| McEwen | 121,725 | 120,363 | 119,220 |
| McMillan | 103,934 | 104,963 | 103,528 |
| McPherson | 182,793 | 181,372 | 166,940 |
| Melbourne | 188,419 | 185,735 | 176,938 |
| Melbourne Ports | 156,066 | 138,435 | 133,558 |
| Menzies | 131,964 | 129,646 | 124,076 |
| Mitchell | 146,619 | 149,622 | 147,166 |
| Moncrieff | 180,145 | 172,533 | 154,990 |
| Moore | 122,799 | 115,194 | 105,735 |
| Moreton | 165,724 | 159,891 | 138,855 |
| Murray | 54,044 | 47,457 | 41,820 |
| New England | 72,747 | 72,464 | 60,751 |
| Newcastle | 140,814 | 127,813 | 112,941 |
| North Sydney | 119,274 | 114,994 | 103,371 |
| O'Connor | 58,072 | 62,106 | 61,033 |
| Oxley | 205,464 | 203,613 | 170,168 |
| Page | 70,871 | 69,276 | 63,231 |
| Parkes | 80,027 | 81,294 | 94,022 |
| Parramatta | 226,509 | 223,411 | 221,689 |
| Paterson | 103,500 | 97,755 | 83,493 |
| Pearce | 116,687 | 113,927 | 107,384 |
| Perth | 161,471 | 153,242 | 135,080 |
| Petrie | 172,133 | 170,546 | 126,314 |
| Port Adelaide | 209,568 | 185,978 | 183,654 |
| Prospect | 283,518 | 280,630 | 270,723 |
| Rankin | 211,907 | 211,067 | 197,630 |
| Reid | 276,960 | 274,705 | 277,908 |
| Richmond | 122,718 | 114,156 | 115,442 |
| Riverina | 53,825 | 53,101 | 54,860 |
| Robertson | 151,229 | 132,922 | 113,525 |
| Ryan | 113,823 | 109,704 | 81,547 |
| Scullin | 196,542 | 196,668 | 193,673 |

| | | | |
|------------------|-------------------|-------------------|-------------------|
| Shortland | 131,649 | 106,318 | 92,656 |
| Solomon | 48,750 | 46,633 | 42,523 |
| Stirling | 174,913 | 169,648 | 151,521 |
| Sturt | 129,172 | 113,511 | 100,970 |
| Swan | 142,757 | 133,323 | 123,318 |
| Sydney | 190,040 | 183,696 | 178,800 |
| Tangney | 125,424 | 123,130 | 107,657 |
| Throsby | 183,735 | 189,732 | 190,237 |
| Wakefield | 80,530 | 70,768 | 66,044 |
| Wannon | 69,969 | 69,538 | 64,521 |
| Warringah | 141,485 | 134,009 | 128,153 |
| Watson | 258,025 | 253,850 | 246,924 |
| Wentworth | 153,851 | 140,283 | 136,467 |
| Werriwa | 226,741 | 223,864 | 221,328 |
| Wide Bay | 109,419 | 109,486 | 99,414 |
| Wills | 203,008 | 199,759 | 185,414 |
| Undefined | 53,930 | 61,365 | 62,383 |
| Total | 20,931,722 | 20,244,904 | 18,764,783 |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - AVERAGE PATIENT
 CONTRIBUTION PER SERVICE
 PATIENT BILLED NON HOSPITAL
 UNREFERRED ATTENDANCES
 BY FEDERAL ELECTORAL DIVISION
 BASED ON ENROLMENT POSTCODE
 SEPTEMBER QUARTER 2000, 2001 & 2002**

| Electorate | September Quarter | | |
|--------------------|--------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | \$9.96 | \$10.94 | \$11.82 |
| Aston | \$12.29 | \$13.35 | \$14.48 |
| Ballarat | \$10.03 | \$10.01 | \$11.10 |
| Banks | \$9.17 | \$10.02 | \$10.87 |
| Barker | \$8.73 | \$9.09 | \$10.06 |
| Barton | \$10.50 | \$11.63 | \$13.55 |
| Bass | \$9.84 | \$10.46 | \$11.74 |
| Batman | \$11.72 | \$12.40 | \$12.49 |
| Bendigo | \$8.08 | \$9.12 | \$10.16 |
| Bennelong | \$12.02 | \$13.00 | \$14.15 |
| Berowra | \$11.27 | \$12.80 | \$13.45 |
| Blair | \$9.05 | \$8.89 | \$9.58 |
| Blaxland | \$8.06 | \$8.45 | \$9.38 |
| Bonython | \$8.16 | \$8.45 | \$9.41 |
| Boothby | \$9.44 | \$10.10 | \$10.92 |
| Bowman | \$11.47 | \$12.33 | \$13.48 |
| Braddon | \$7.95 | \$8.13 | \$8.28 |
| Bradfield | \$13.56 | \$14.99 | \$16.77 |
| Brand | \$9.28 | \$9.33 | \$9.93 |
| Brisbane | \$12.98 | \$13.43 | \$14.30 |
| Bruce | \$12.35 | \$12.90 | \$14.22 |
| Burke | \$10.75 | \$11.30 | \$12.65 |
| Calare | \$10.37 | \$11.19 | \$12.34 |
| Calwell | \$10.39 | \$11.13 | \$13.60 |
| Canberra | \$13.59 | \$14.23 | \$16.12 |
| Canning | \$10.23 | \$10.70 | \$10.95 |
| Capricornia | \$9.75 | \$10.16 | \$11.51 |
| Casey | \$11.96 | \$12.57 | \$13.88 |
| Charlton | \$10.77 | \$10.41 | \$11.47 |
| Chifley | \$12.91 | \$14.07 | \$14.83 |
| Chisholm | \$13.18 | \$13.17 | \$14.96 |
| Cook | \$10.22 | \$11.06 | \$12.40 |
| Corangamite | \$9.48 | \$10.39 | \$11.97 |
| Corio | \$9.00 | \$9.83 | \$11.21 |
| Cowan | \$11.56 | \$9.42 | \$11.29 |
| Cowper | \$8.12 | \$8.90 | \$10.61 |
| Cunningham | \$8.40 | \$9.22 | \$9.82 |
| Curtin | \$14.17 | \$14.52 | \$16.00 |

| | | | |
|------------------------|---------|---------|---------|
| Dawson | \$13.66 | \$14.21 | \$15.13 |
| Deakin | \$11.82 | \$12.63 | \$14.79 |
| Denison | \$7.85 | \$8.41 | \$8.79 |
| Dickson | \$9.97 | \$11.00 | \$12.28 |
| Dobell | \$8.88 | \$9.26 | \$10.34 |
| Dunkley | \$11.66 | \$11.95 | \$12.17 |
| Eden-Monaro | \$9.71 | \$10.57 | \$12.16 |
| Fadden | \$11.42 | \$12.06 | \$13.35 |
| Fairfax | \$7.49 | \$7.64 | \$8.99 |
| Farrer | \$9.71 | \$10.20 | \$11.42 |
| Fisher | \$9.24 | \$8.56 | \$9.83 |
| Flinders | \$9.51 | \$9.72 | \$10.84 |
| Forde | \$10.31 | \$10.62 | \$11.68 |
| Forrest | \$10.64 | \$11.44 | \$12.27 |
| Fowler | \$9.68 | \$10.19 | \$11.60 |
| Franklin | \$8.12 | \$8.36 | \$8.93 |
| Fraser | \$14.13 | \$15.25 | \$15.98 |
| Fremantle | \$13.67 | \$14.32 | \$14.98 |
| Gellibrand | \$12.14 | \$12.77 | \$12.82 |
| Gilmore | \$8.97 | \$9.99 | \$11.75 |
| Gippsland | \$8.65 | \$8.92 | \$9.81 |
| Goldstein | \$13.15 | \$14.10 | \$16.09 |
| Grayndler | \$14.06 | \$16.01 | \$17.69 |
| Greenway | \$13.30 | \$15.26 | \$16.89 |
| Grey | \$8.53 | \$8.86 | \$9.17 |
| Griffith | \$13.43 | \$13.59 | \$14.80 |
| Groom | \$9.99 | \$10.62 | \$12.18 |
| Gwydir | \$9.75 | \$10.18 | \$11.62 |
| Hasluck | \$11.00 | \$10.30 | \$11.40 |
| Herbert | \$12.91 | \$14.34 | \$15.98 |
| Higgins | \$15.08 | \$15.77 | \$17.29 |
| Hindmarsh | \$9.39 | \$10.25 | \$10.75 |
| Hinkler | \$9.65 | \$10.06 | \$11.73 |
| Holt | \$10.38 | \$10.83 | \$11.44 |
| Hotham | \$10.28 | \$11.11 | \$12.23 |
| Hughes | \$9.79 | \$11.21 | \$12.15 |
| Hume | \$10.55 | \$11.34 | \$13.44 |
| Hunter | \$9.52 | \$10.28 | \$11.28 |
| Indi | \$9.33 | \$9.86 | \$10.32 |
| Isaacs | \$10.71 | \$11.09 | \$11.68 |
| Jagajaga | \$11.28 | \$11.89 | \$13.52 |
| Kalgoorlie | \$13.20 | \$12.92 | \$14.99 |
| Kennedy | \$11.01 | \$12.25 | \$13.71 |
| Kingsford-Smith | \$13.38 | \$14.96 | \$15.34 |
| Kingston | \$8.59 | \$8.91 | \$9.44 |
| Kooyong | \$14.55 | \$15.61 | \$17.23 |
| La Trobe | \$11.36 | \$12.06 | \$14.18 |
| Lalor | \$10.34 | \$10.78 | \$11.03 |
| Leichhardt | \$11.89 | \$12.44 | \$13.97 |
| Lilley | \$11.39 | \$12.51 | \$13.84 |

| | | | |
|------------------------|---------|---------|---------|
| Lindsay | \$9.96 | \$11.48 | \$11.96 |
| Lingiari | \$15.41 | \$16.09 | \$16.44 |
| Longman | \$9.55 | \$10.49 | \$9.47 |
| Lowe | \$14.11 | \$15.60 | \$16.84 |
| Lyne | \$8.22 | \$8.94 | \$9.72 |
| Lyons | \$8.96 | \$9.02 | \$9.44 |
| Macarthur | \$10.32 | \$10.76 | \$12.12 |
| Mackellar | \$14.26 | \$15.36 | \$17.58 |
| Macquarie | \$10.38 | \$11.41 | \$12.43 |
| Makin | \$9.39 | \$9.60 | \$10.30 |
| Mallee | \$9.76 | \$9.46 | \$11.18 |
| Maranoa | \$9.72 | \$10.11 | \$12.34 |
| Maribyrnong | \$10.79 | \$11.47 | \$12.20 |
| Mayo | \$9.32 | \$10.27 | \$11.12 |
| McEwen | \$10.91 | \$11.32 | \$12.04 |
| McMillan | \$8.29 | \$9.01 | \$10.05 |
| McPherson | \$10.49 | \$11.67 | \$13.37 |
| Melbourne | \$14.91 | \$15.85 | \$17.16 |
| Melbourne Ports | \$14.16 | \$15.05 | \$16.86 |
| Menzies | \$13.18 | \$13.64 | \$15.54 |
| Mitchell | \$14.21 | \$15.54 | \$16.98 |
| Moncrieff | \$12.72 | \$13.35 | \$14.54 |
| Moore | \$9.88 | \$10.20 | \$11.78 |
| Moreton | \$12.89 | \$13.36 | \$14.48 |
| Murray | \$10.70 | \$11.65 | \$13.02 |
| New England | \$9.66 | \$10.39 | \$10.93 |
| Newcastle | \$12.01 | \$12.20 | \$12.41 |
| North Sydney | \$15.36 | \$16.74 | \$18.68 |
| O'Connor | \$10.88 | \$10.65 | \$12.07 |
| Oxley | \$9.64 | \$10.22 | \$10.68 |
| Page | \$9.15 | \$9.75 | \$11.09 |
| Parkes | \$10.26 | \$10.61 | \$12.29 |
| Parramatta | \$12.29 | \$13.42 | \$14.92 |
| Paterson | \$10.58 | \$11.03 | \$12.08 |
| Pearce | \$11.48 | \$10.83 | \$11.61 |
| Perth | \$12.83 | \$11.41 | \$12.91 |
| Petrie | \$10.97 | \$12.22 | \$11.52 |
| Port Adelaide | \$9.20 | \$10.24 | \$10.97 |
| Prospect | \$11.52 | \$12.15 | \$13.59 |
| Rankin | \$12.17 | \$13.07 | \$13.61 |
| Reid | \$12.80 | \$12.45 | \$14.23 |
| Richmond | \$9.38 | \$9.65 | \$10.59 |
| Riverina | \$9.76 | \$10.48 | \$12.93 |
| Robertson | \$8.83 | \$9.00 | \$10.36 |
| Ryan | \$12.18 | \$13.29 | \$14.37 |
| Scullin | \$10.18 | \$10.48 | \$11.75 |
| Shortland | \$10.03 | \$9.44 | \$10.55 |
| Solomon | \$16.88 | \$17.61 | \$19.52 |
| Stirling | \$12.82 | \$11.69 | \$12.50 |
| Sturt | \$9.52 | \$10.28 | \$11.59 |

| | | | |
|------------------|----------------|----------------|----------------|
| Swan | \$12.40 | \$11.88 | \$13.27 |
| Sydney | \$17.48 | \$18.64 | \$19.50 |
| Tangney | \$13.22 | \$14.26 | \$15.82 |
| Throsby | \$10.23 | \$10.76 | \$11.97 |
| Wakefield | \$8.58 | \$8.97 | \$9.83 |
| Wannon | \$9.31 | \$9.91 | \$10.69 |
| Warringah | \$15.79 | \$17.00 | \$19.01 |
| Watson | \$9.40 | \$11.00 | \$12.63 |
| Wentworth | \$17.51 | \$19.61 | \$20.59 |
| Werriwa | \$8.93 | \$9.76 | \$11.46 |
| Wide Bay | \$8.93 | \$9.40 | \$9.73 |
| Wills | \$11.12 | \$12.22 | \$12.35 |
| Undefined | \$14.13 | \$15.40 | \$16.77 |
| Total | \$10.77 | \$11.40 | \$12.57 |

**COMMONWEALTH DEPT OF HEALTH & AGEING
 MEDICARE - NUMBER OF UNREFERRED ATTENDANCES
 BY FEDERAL ELECTORAL DIVISION
 BASED ON ENROLMENT POSTCODE
 SEPTEMBER QUARTER 2000, 2001 & 2002**

| Electorate | September Quarter | | |
|--------------------|--------------------------|-------------|-------------|
| | 2000 | 2001 | 2002 |
| Adelaide | 178,960 | 167,346 | 165,345 |
| Aston | 196,782 | 193,573 | 193,980 |
| Ballarat | 144,902 | 144,456 | 149,815 |
| Banks | 219,261 | 213,359 | 212,569 |
| Barker | 151,789 | 142,572 | 152,937 |
| Barton | 233,158 | 232,345 | 227,869 |
| Bass | 113,055 | 112,129 | 110,514 |
| Batman | 228,419 | 230,424 | 225,910 |
| Bendigo | 133,242 | 131,458 | 136,700 |
| Bennelong | 192,077 | 188,774 | 186,589 |
| Berowra | 180,405 | 183,966 | 183,504 |
| Blair | 156,214 | 163,001 | 164,772 |
| Blaxland | 297,534 | 300,235 | 294,475 |
| Bonython | 248,757 | 233,475 | 227,193 |
| Boothby | 175,538 | 168,891 | 167,031 |
| Bowman | 196,821 | 198,544 | 191,136 |
| Braddon | 116,993 | 122,714 | 120,992 |
| Bradfield | 167,403 | 165,383 | 165,882 |
| Brand | 150,668 | 149,575 | 151,431 |
| Brisbane | 175,852 | 178,148 | 166,533 |
| Bruce | 212,259 | 206,858 | 204,612 |
| Burke | 187,600 | 194,436 | 197,835 |
| Calare | 140,942 | 137,761 | 136,173 |
| Calwell | 255,982 | 261,577 | 264,486 |
| Canberra | 177,007 | 175,250 | 165,507 |
| Canning | 133,458 | 138,228 | 131,235 |
| Capricornia | 133,969 | 140,243 | 141,461 |
| Casey | 172,063 | 169,162 | 168,749 |
| Charlton | 167,043 | 159,572 | 156,203 |
| Chifley | 285,554 | 289,048 | 291,379 |
| Chisholm | 185,623 | 180,432 | 177,735 |
| Cook | 172,880 | 173,148 | 174,074 |
| Corangamite | 136,405 | 138,298 | 138,281 |
| Corio | 151,947 | 152,782 | 153,169 |
| Cowan | 172,189 | 173,587 | 164,821 |
| Cowper | 133,743 | 138,414 | 135,641 |
| Cunningham | 187,325 | 182,311 | 181,023 |
| Curtin | 143,580 | 141,875 | 139,387 |
| Dawson | 149,299 | 155,274 | 165,954 |

| | | | |
|------------------------|---------|---------|---------|
| Deakin | 176,094 | 170,742 | 173,022 |
| Denison | 126,335 | 132,392 | 128,835 |
| Dickson | 173,080 | 179,097 | 167,993 |
| Dobell | 185,130 | 179,264 | 170,400 |
| Dunkley | 176,459 | 167,830 | 161,876 |
| Eden-Monaro | 127,616 | 129,489 | 128,350 |
| Fadden | 195,715 | 203,734 | 199,617 |
| Fairfax | 164,693 | 173,587 | 174,845 |
| Farrer | 129,581 | 125,261 | 125,380 |
| Fisher | 203,370 | 210,689 | 200,158 |
| Flinders | 172,986 | 165,972 | 166,385 |
| Forde | 188,411 | 193,378 | 193,167 |
| Forrest | 119,008 | 122,748 | 125,757 |
| Fowler | 316,148 | 318,653 | 310,933 |
| Franklin | 125,701 | 130,713 | 127,684 |
| Fraser | 180,813 | 175,992 | 162,943 |
| Fremantle | 159,976 | 161,806 | 154,605 |
| Gellibrand | 205,859 | 203,699 | 201,070 |
| Gilmore | 143,094 | 145,844 | 147,087 |
| Gippsland | 124,892 | 126,530 | 133,506 |
| Goldstein | 186,296 | 185,149 | 192,073 |
| Grayndler | 232,614 | 221,401 | 216,109 |
| Greenway | 248,461 | 254,074 | 257,469 |
| Grey | 157,269 | 155,380 | 159,832 |
| Griffith | 192,067 | 191,621 | 183,201 |
| Groom | 171,419 | 168,711 | 163,771 |
| Gwydir | 139,804 | 139,901 | 140,547 |
| Hasluck | 164,469 | 166,209 | 159,894 |
| Herbert | 151,905 | 149,136 | 138,351 |
| Higgins | 172,641 | 169,561 | 171,972 |
| Hindmarsh | 188,467 | 178,063 | 175,396 |
| Hinkler | 125,051 | 139,757 | 148,461 |
| Holt | 242,242 | 236,799 | 236,414 |
| Hotham | 199,151 | 194,557 | 193,550 |
| Hughes | 200,595 | 197,769 | 195,277 |
| Hume | 140,992 | 147,652 | 147,988 |
| Hunter | 143,235 | 140,732 | 142,799 |
| Indi | 132,145 | 128,493 | 126,167 |
| Isaacs | 190,689 | 185,844 | 188,181 |
| Jagajaga | 175,447 | 176,305 | 175,033 |
| Kalgoorlie | 104,177 | 102,547 | 106,018 |
| Kennedy | 135,166 | 135,978 | 136,783 |
| Kingsford-Smith | 240,766 | 233,921 | 234,937 |
| Kingston | 197,646 | 184,726 | 180,831 |
| Kooyong | 152,613 | 149,351 | 151,029 |
| La Trobe | 184,880 | 188,750 | 191,540 |
| Lalor | 190,979 | 193,843 | 198,904 |

| | | | |
|------------------------|---------|---------|---------|
| Leichhardt | 162,870 | 167,068 | 170,925 |
| Lilley | 189,856 | 192,214 | 179,076 |
| Lindsay | 213,724 | 211,496 | 201,817 |
| Lingiari | 50,935 | 50,198 | 51,181 |
| Longman | 197,615 | 201,085 | 200,765 |
| Lowe | 212,016 | 211,966 | 208,101 |
| Lyne | 161,317 | 166,606 | 167,268 |
| Lyons | 109,456 | 111,957 | 113,329 |
| Macarthur | 238,524 | 242,911 | 238,838 |
| Mackellar | 180,765 | 177,045 | 174,659 |
| Macquarie | 175,382 | 173,899 | 167,876 |
| Makin | 187,244 | 176,658 | 175,767 |
| Mallee | 138,968 | 136,388 | 137,206 |
| Maranoa | 145,413 | 147,695 | 145,380 |
| Maribyrnong | 213,718 | 208,956 | 206,511 |
| Mayo | 171,468 | 162,333 | 163,322 |
| McEwen | 170,226 | 171,402 | 181,174 |
| McMillan | 154,170 | 154,595 | 157,203 |
| McPherson | 218,080 | 225,108 | 222,719 |
| Melbourne | 211,467 | 213,302 | 212,263 |
| Melbourne Ports | 188,408 | 179,596 | 183,933 |
| Menzies | 165,028 | 166,669 | 167,859 |
| Mitchell | 175,622 | 179,930 | 180,533 |
| Moncrieff | 216,158 | 218,664 | 217,337 |
| Moore | 157,332 | 154,750 | 149,334 |
| Moreton | 186,231 | 187,831 | 180,016 |
| Murray | 133,403 | 127,761 | 129,066 |
| New England | 129,162 | 132,177 | 127,526 |
| Newcastle | 177,966 | 166,630 | 163,707 |
| North Sydney | 165,058 | 163,404 | 158,348 |
| O'Connor | 120,457 | 124,970 | 122,200 |
| Oxley | 222,803 | 224,679 | 213,141 |
| Page | 136,031 | 140,071 | 135,352 |
| Parkes | 128,091 | 129,202 | 134,562 |
| Parramatta | 243,856 | 240,973 | 239,420 |
| Paterson | 154,066 | 151,790 | 149,343 |
| Pearce | 147,819 | 152,501 | 148,973 |
| Perth | 184,251 | 180,348 | 172,402 |
| Petrie | 197,252 | 202,536 | 193,240 |
| Port Adelaide | 231,111 | 205,763 | 210,464 |
| Prospect | 289,557 | 286,681 | 277,384 |
| Rankin | 224,501 | 227,764 | 223,063 |
| Reid | 281,517 | 279,589 | 283,293 |
| Richmond | 160,900 | 161,808 | 167,198 |
| Riverina | 123,346 | 121,733 | 120,940 |
| Robertson | 190,637 | 185,160 | 178,348 |
| Ryan | 155,440 | 159,122 | 150,006 |

| | | | |
|------------------|-------------------|-------------------|-------------------|
| Scullin | 217,841 | 222,928 | 222,844 |
| Shortland | 174,962 | 166,682 | 162,532 |
| Solomon | 77,999 | 75,617 | 73,829 |
| Stirling | 204,637 | 202,554 | 193,403 |
| Sturt | 183,726 | 171,901 | 171,522 |
| Swan | 168,562 | 163,047 | 159,872 |
| Sydney | 210,268 | 208,653 | 210,403 |
| Tangney | 168,426 | 169,380 | 162,382 |
| Throsby | 198,720 | 204,632 | 206,557 |
| Wakefield | 153,319 | 148,748 | 155,313 |
| Wannon | 127,487 | 126,884 | 127,470 |
| Warringah | 182,865 | 178,347 | 176,745 |
| Watson | 265,869 | 261,932 | 256,782 |
| Wentworth | 187,257 | 180,293 | 182,256 |
| Werriwa | 236,524 | 233,452 | 231,589 |
| Wide Bay | 157,018 | 162,436 | 166,058 |
| Wills | 225,909 | 226,158 | 222,028 |
| Undefined | 72,626 | 83,791 | 89,602 |
| Total | 26,716,074 | 26,604,693 | 26,372,593 |

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-048

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE STATISTICS

Written Question on Notice

Senator McLucas asked:

- (a) What are the state and territory breakdowns of the percentage of total unREFERRED (GP) attendances bulk billed for the quarters ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (b) What are the state and territory breakdowns of the number of total unREFERRED (GP) attendances bulk billed for the quarters ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (c) What are the state and territory breakdowns for the average patient contribution per service (patient billed services only) for total unREFERRED (GP) attendances for the quarters ending 30 September 2000, 30 September 2001 and 30 September 2002?
- (d) What are the state and territory breakdowns for the number of services for total unREFERRED (GP) attendances for the quarters ending 30 September 2000, 30 September 2001 and 30 September 2002?

Answer:

- (a-d) The requested statistics based on claims processed by the Health Insurance Commission (HIC) in the respective quarters, are attached.

The statistics relate to unREFERRED (GP) attendances rendered on a 'fee-for-service' basis for which Medicare benefits were paid in the quarters in question. Excluded are details of services to public patients in hospital, to Veterans' Affairs patients and some compensation cases.

The statistics on the average patient contribution per service in each quarter, relate to patient billed non hospital services only. These statistics were compiled by taking the difference between fees charged and benefits paid and dividing by the number of services. Hospital services have been excluded from this Table since information is not available in the Medicare system on health fund rebates.

Caution should be exercised in interpreting fees charged data and average patient contributions per service in Medicare statistics. For patient billed services paid by the HIC prior to the account being settled with the medical practitioner, the fee charged reflects the amount recorded on the account. This may not be subsequently received in full, since some practitioners discount fees for prompt payment.

**COMMONWEALTH DEPARTMENT OF HEALTH AND
AGEING**

**MEDICARE - % OF UNREFERRED ATTENDANCES BULK
BILLED**

**BY STATE/TERRITORY (BASED ON ENROLMENT POSTCODE)
SEPTEMBER QUARTER 2000, 2001 AND 2002**

| Qtr/Year | Sept Qtr 2000 | Sept Qtr 2001 | Sept Qtr 2002 |
|-----------------|--|----------------------|----------------------|
| | % of Unreferred Attendances Bulk Billed | | |
| NSW | 82.0% | 80.5% | 78.2% |
| VIC | 77.3% | 74.5% | 69.3% |
| QLD | 79.4% | 77.0% | 68.4% |
| SA | 73.7% | 71.6% | 64.4% |
| WA | 76.2% | 73.2% | 68.1% |
| TAS | 60.5% | 58.7% | 56.8% |
| NT | 65.9% | 65.4% | 61.6% |
| ACT | 61.4% | 54.9% | 41.4% |
| TOTAL | 78.3% | 76.1% | 71.2% |

**COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING
 MEDICARE - NUMBER OF UNREFERRED
 ATTENDANCES BULK BILLED
 BY STATE/TERRITORY (BASED ON ENROLMENT POSTCODE)
 SEPTEMBER QUARTER 2000, 2001 AND 2002**

| Qtr/Year | Sept Qtr 2000 | Sept Qtr 2001 | Sept Qtr 2002 |
|-----------------|---|----------------------|----------------------|
| | Number of Unreferred Attendances Bulk Billed | | |
| NSW | 7,905,750 | 7,710,727 | 7,418,536 |
| VIC | 5,143,443 | 4,915,677 | 4,601,932 |
| QLD | 3,807,526 | 3,775,854 | 3,286,926 |
| SA | 1,643,186 | 1,503,949 | 1,358,854 |
| WA | 1,762,791 | 1,699,030 | 1,538,269 |
| TAS | 359,421 | 358,938 | 342,499 |
| NT | 87,681 | 85,495 | 79,891 |
| ACT | 222,513 | 195,346 | 138,011 |
| TOTAL | 20,932,311 | 20,245,016 | 18,764,918 |

**COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING
 MEDICARE – AVERAGE PATIENT CONTRIBUTION PER SERVICE
 PATIENT BILLED NON HOSPITAL UNREFERRED ATTENDANCES
 BY STATE/TERRITORY (BASED ON ENROLMENT POSTCODE)
 SEPTEMBER QUARTER 2000, 2001 AND 2002**

| Qtr/Year | Sept Qtr 2000 | Sept Qtr 2001 | Sept Qtr 2002 |
|---|----------------------|----------------------|----------------------|
| Average Patient Contribution per Service | | | |
| NSW | \$10.77 | \$11.57 | \$12.91 |
| VIC | \$10.87 | \$11.54 | \$12.81 |
| QLD | \$10.84 | \$11.52 | \$12.56 |
| SA | \$9.06 | \$9.63 | \$10.46 |
| WA | \$11.80 | \$11.67 | \$12.84 |
| TAS | \$8.56 | \$8.90 | \$9.45 |
| NT | \$16.39 | \$17.08 | \$18.51 |
| ACT | \$13.85 | \$14.75 | \$16.06 |
| TOTAL | \$10.77 | \$11.40 | \$12.57 |

**COMMONWEALTH DEPARTMENT OF HEALTH AND AGEING
 MEDICARE – NUMBER OF UNREFERRED ATTENDANCES
 BY STATE/TERRITORY (BASED ON ENROLMENT POSTCODE)
 SEPTEMBER QUARTER 2000, 2001 AND 2002**

| Qtr/Year | Sept Qtr 2000 | Sept Qtr 2001 | Sept Qtr 2002 |
|-----------------|---|----------------------|----------------------|
| | Number of Unreferred Attendances | | |
| NSW | 9,640,379 | 9,578,804 | 9,490,238 |
| VIC | 6,651,816 | 6,600,874 | 6,639,473 |
| QLD | 4,792,988 | 4,906,019 | 4,808,225 |
| SA | 2,228,901 | 2,099,244 | 2,108,431 |
| WA | 2,313,707 | 2,321,638 | 2,260,382 |
| TAS | 593,884 | 611,717 | 603,126 |
| NT | 133,032 | 130,683 | 129,659 |
| ACT | 362,379 | 355,944 | 333,290 |
| TOTAL | 26,717,086 | 26,604,923 | 26,372,824 |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-049

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICARE STATISTICS

Written Question on Notice

Senator McLucas asked:

- (a) Table B5 of the Medicare statistics at <http://www.health.gov.au/haf/medstats/> provides information about the average patient contribution per service (for patient billed services only). Quarterly figures are currently only published back to March 2000.

Could you please provide a copy of the statistics which are contained in Table B5 of the Medicare statistics but updated to include the additional information on each of the quarterly figures prior to March 2000, going back to the commencement of Medicare.

- (b) Table B7 of the Medicare statistics at <http://www.health.gov.au/haf/medstats/> provides information about the percentage of services direct billed. Quarterly figures are currently only published back to March 2000.

Could you please provide a copy of the statistics which are contained in Table B7 of the Medicare statistics but updated to include the additional information on each of the quarterly figures prior to March 2000, going back to the commencement of Medicare.

Answer:

- (a-b) The requested statistics based on claims processed by the Health Insurance Commission (HIC) over the period March quarter 1984 to the September quarter 2002, are attached.

The statistics relate to services rendered on a 'fee-for-service' basis for which Medicare benefits were paid in the quarters in question. Excluded are details of services to public patients in hospital, to Veterans' Affairs patients and some compensation cases.

The statistics in Table B5, in all periods, relate to patient billed services only. These statistics were compiled by taking the difference between fees charged and benefits paid and dividing by the number of services. Hospital services have been excluded from this Table in all periods from and including the September quarter 1985, since information is not available in the Medicare system on health fund rebates. It is not possible to separate out hospital services in Medicare data prior to the September quarter 1985.

Caution should be exercised in interpreting fees charged data and average patient contributions per service in Medicare statistics. For patient billed services paid by the HIC prior to the account being settled with the medical practitioner, the fee charged reflects the amount recorded on the account. This may not be subsequently received in full, since some practitioners discount fees for prompt payment.

The statistics in Table B7, relate to all unreferral attendances (ie hospital and non hospital).

A description of the item numbers included in each type of service group for unreferral attendances in Tables B5 and B7, can be found at <http://www.health.gov.au/haf/medstats/>. The vocational registration arrangements commenced in the December quarter 1989 and the Enhanced Primary Care (EPC) items were introduced into the Medicare Benefits Schedule in the December quarter 1999.

Medicare commenced on 1 February 1984.

COMMONWEALTH DEPT OF HEALTH & AGEING
TABLE B5 – MEDICARE - AVERAGE PATIENT CONTRIBUTION
PER SERVICE
PATIENT BILLED NON HOSPITAL
UNREFERRED ATTENDANCES
BY QUARTER
MARCH QUARTER 1984 TO SEPTEMBER QUARTER 2002

| Year | Quarter | Unreferred Attendances | | | Total |
|------|---------|------------------------|------|--------|--------|
| | | GP/VR | EPC | Other | |
| 1984 | March | n.a. | n.a. | \$2.99 | \$2.99 |
| | June | n.a. | n.a. | \$2.96 | \$2.96 |
| | Sept | n.a. | n.a. | \$2.75 | \$2.75 |
| | Dec | n.a. | n.a. | \$2.78 | \$2.78 |
| 1985 | March | n.a. | n.a. | \$2.92 | \$2.92 |
| | June | n.a. | n.a. | \$2.98 | \$2.98 |
| | Sept | n.a. | n.a. | \$3.11 | \$3.11 |
| | Dec | n.a. | n.a. | \$3.22 | \$3.22 |
| 1986 | March | n.a. | n.a. | \$3.42 | \$3.42 |
| | June | n.a. | n.a. | \$3.60 | \$3.60 |
| | Sept | n.a. | n.a. | \$3.85 | \$3.85 |
| | Dec | n.a. | n.a. | \$3.88 | \$3.88 |
| 1987 | March | n.a. | n.a. | \$3.84 | \$3.84 |
| | June | n.a. | n.a. | \$3.88 | \$3.88 |
| | Sept | n.a. | n.a. | \$4.02 | \$4.02 |
| | Dec | n.a. | n.a. | \$4.27 | \$4.27 |
| 1988 | March | n.a. | n.a. | \$4.53 | \$4.53 |
| | June | n.a. | n.a. | \$4.62 | \$4.62 |
| | Sept | n.a. | n.a. | \$4.70 | \$4.70 |
| | Dec | n.a. | n.a. | \$4.94 | \$4.94 |
| 1989 | March | n.a. | n.a. | \$5.34 | \$5.34 |
| | June | n.a. | n.a. | \$5.45 | \$5.45 |
| | Sept | n.a. | n.a. | \$5.65 | \$5.65 |
| | Dec | \$5.43 | n.a. | \$5.94 | \$5.92 |
| 1990 | March | \$5.60 | n.a. | \$6.43 | \$6.20 |
| | June | \$5.64 | n.a. | \$6.55 | \$6.27 |
| | Sept | \$5.69 | n.a. | \$6.75 | \$6.37 |
| | Dec | \$5.87 | n.a. | \$7.09 | \$6.62 |
| 1991 | March | \$6.08 | n.a. | \$7.35 | \$6.80 |
| | June | \$6.09 | n.a. | \$7.36 | \$6.76 |
| | Sept | \$6.14 | n.a. | \$7.44 | \$6.78 |
| | Dec | \$6.71 | n.a. | \$8.11 | \$7.34 |
| 1992 | March | \$8.24 | n.a. | \$9.98 | \$8.89 |
| | June | \$6.29 | n.a. | \$8.29 | \$6.93 |
| | Sept | \$6.24 | n.a. | \$8.27 | \$6.83 |

| | | | | | |
|-------------|--------------|---------|--------|---------|---------|
| | Dec | \$6.34 | n.a. | \$8.54 | \$6.86 |
| 1993 | March | \$6.53 | n.a. | \$9.19 | \$6.97 |
| | June | \$6.52 | n.a. | \$9.39 | \$6.92 |
| | Sept | \$6.58 | n.a. | \$9.36 | \$6.96 |
| | Dec | \$6.77 | n.a. | \$9.72 | \$7.15 |
| 1994 | March | \$6.94 | n.a. | \$10.53 | \$7.33 |
| | June | \$7.01 | n.a. | \$10.81 | \$7.40 |
| | Sept | \$7.09 | n.a. | \$10.79 | \$7.47 |
| | Dec | \$7.27 | n.a. | \$11.15 | \$7.67 |
| 1995 | March | \$7.52 | n.a. | \$11.51 | \$7.91 |
| | June | \$7.54 | n.a. | \$11.87 | \$7.91 |
| | Sept | \$7.65 | n.a. | \$12.03 | \$8.01 |
| | Dec | \$7.85 | n.a. | \$12.43 | \$8.25 |
| 1996 | March | \$8.13 | n.a. | \$12.78 | \$8.53 |
| | June | \$8.15 | n.a. | \$12.78 | \$8.55 |
| | Sept | \$8.25 | n.a. | \$12.81 | \$8.64 |
| | Dec | \$8.44 | n.a. | \$12.85 | \$8.81 |
| 1997 | March | \$8.68 | n.a. | \$12.84 | \$9.03 |
| | June | \$8.73 | n.a. | \$13.17 | \$9.09 |
| | Sept | \$8.85 | n.a. | \$13.19 | \$9.20 |
| | Dec | \$9.01 | n.a. | \$13.36 | \$9.37 |
| 1998 | March | \$9.20 | n.a. | \$13.49 | \$9.55 |
| | June | \$9.18 | n.a. | \$13.39 | \$9.52 |
| | Sept | \$9.32 | n.a. | \$13.32 | \$9.64 |
| | Dec | \$9.51 | n.a. | \$13.57 | \$9.83 |
| 1999 | March | \$9.73 | n.a. | \$13.74 | \$10.03 |
| | June | \$9.76 | n.a. | \$14.24 | \$10.09 |
| | Sept | \$9.88 | n.a. | \$14.39 | \$10.22 |
| | Dec | \$10.01 | \$6.17 | \$14.69 | \$10.36 |
| 2000 | March | \$10.23 | \$6.71 | \$15.21 | \$10.61 |
| | June | \$10.21 | \$9.34 | \$15.81 | \$10.66 |
| | Sept | \$10.31 | \$6.66 | \$15.96 | \$10.77 |
| | Dec | \$10.52 | \$6.35 | \$15.99 | \$10.96 |
| 2001 | March | \$10.81 | \$6.51 | \$17.85 | \$11.21 |
| | June | \$10.83 | \$6.47 | \$18.46 | \$11.22 |
| | Sept | \$11.00 | \$6.66 | \$19.09 | \$11.40 |
| | Dec | \$11.10 | \$6.26 | \$19.23 | \$11.51 |
| 2002 | March | \$11.36 | \$5.76 | \$20.28 | \$11.80 |
| | June | \$11.50 | \$6.36 | \$21.52 | \$11.98 |
| | Sept | \$12.11 | \$6.09 | \$21.69 | \$12.57 |

COMMONWEALTH DEPT OF HEALTH & AGEING
TABLE B7 - MEDICARE - % OF UNREFERRED ATTENDANCES
BULK BILLED
BY QUARTER
MARCH QUARTER 1984 TO SEPTEMBER QUARTER 2002

| Year | Quarter | Unreferred Attendances | | | |
|------|---------|------------------------|------|-------|-------|
| | | GP/VR | EPC | Other | Total |
| 1984 | March | n.a. | n.a. | 54.4% | 54.4% |
| | June | n.a. | n.a. | 51.5% | 51.5% |
| | Sept | n.a. | n.a. | 51.4% | 51.4% |
| | Dec | n.a. | n.a. | 51.4% | 51.4% |
| 1985 | March | n.a. | n.a. | 54.1% | 54.1% |
| | June | n.a. | n.a. | 53.3% | 53.3% |
| | Sept | n.a. | n.a. | 54.4% | 54.4% |
| | Dec | n.a. | n.a. | 55.0% | 55.0% |
| 1986 | March | n.a. | n.a. | 57.8% | 57.8% |
| | June | n.a. | n.a. | 56.0% | 56.0% |
| | Sept | n.a. | n.a. | 59.3% | 59.3% |
| | Dec | n.a. | n.a. | 58.9% | 58.9% |
| 1987 | March | n.a. | n.a. | 60.9% | 60.9% |
| | June | n.a. | n.a. | 61.3% | 61.3% |
| | Sept | n.a. | n.a. | 61.2% | 61.2% |
| | Dec | n.a. | n.a. | 61.0% | 61.0% |
| 1988 | March | n.a. | n.a. | 63.5% | 63.5% |
| | June | n.a. | n.a. | 62.4% | 62.4% |
| | Sept | n.a. | n.a. | 63.8% | 63.8% |
| | Dec | n.a. | n.a. | 64.0% | 64.0% |
| 1989 | March | n.a. | n.a. | 65.0% | 65.0% |
| | June | n.a. | n.a. | 65.8% | 65.8% |
| | Sept | n.a. | n.a. | 67.0% | 67.0% |
| | Dec | 64.8% | n.a. | 66.1% | 66.0% |
| 1990 | March | 69.4% | n.a. | 67.1% | 67.7% |
| | June | 69.1% | n.a. | 68.6% | 68.7% |
| | Sept | 69.2% | n.a. | 68.8% | 68.9% |
| | Dec | 69.8% | n.a. | 68.9% | 69.3% |
| 1991 | March | 70.1% | n.a. | 71.2% | 70.8% |
| | June | 71.2% | n.a. | 72.8% | 72.0% |
| | Sept | 71.3% | n.a. | 73.4% | 72.4% |
| | Dec | 69.9% | n.a. | 72.7% | 71.2% |
| 1992 | March | 69.7% | n.a. | 73.4% | 71.2% |
| | June | 71.2% | n.a. | 75.9% | 72.9% |
| | Sept | 71.6% | n.a. | 76.7% | 73.3% |
| | Dec | 72.1% | n.a. | 77.2% | 73.5% |
| 1993 | March | 74.1% | n.a. | 78.4% | 74.9% |

| | | | | | |
|-------------|--------------|-------|-------|-------|-------|
| | June | 74.5% | n.a. | 78.8% | 75.2% |
| | Sept | 75.6% | n.a. | 80.1% | 76.3% |
| | Dec | 75.8% | n.a. | 81.0% | 76.6% |
| 1994 | March | 76.4% | n.a. | 82.7% | 77.3% |
| | June | 76.9% | n.a. | 84.0% | 77.9% |
| | Sept | 76.9% | n.a. | 83.6% | 77.8% |
| | Dec | 77.3% | n.a. | 84.3% | 78.3% |
| 1995 | March | 77.4% | n.a. | 84.7% | 78.4% |
| | June | 78.5% | n.a. | 85.3% | 79.4% |
| | Sept | 79.0% | n.a. | 85.7% | 79.8% |
| | Dec | 78.9% | n.a. | 85.3% | 79.7% |
| 1996 | March | 79.4% | n.a. | 86.2% | 80.3% |
| | June | 79.9% | n.a. | 86.9% | 80.8% |
| | Sept | 79.7% | n.a. | 86.7% | 80.6% |
| | Dec | 79.7% | n.a. | 86.6% | 80.5% |
| 1997 | March | 79.5% | n.a. | 86.8% | 80.5% |
| | June | 79.7% | n.a. | 87.1% | 80.6% |
| | Sept | 79.5% | n.a. | 87.1% | 80.4% |
| | Dec | 78.5% | n.a. | 86.1% | 79.4% |
| 1998 | March | 78.6% | n.a. | 86.1% | 79.5% |
| | June | 78.9% | n.a. | 86.4% | 79.8% |
| | Sept | 78.7% | n.a. | 85.9% | 79.5% |
| | Dec | 78.4% | n.a. | 85.5% | 79.2% |
| 1999 | March | 78.3% | n.a. | 85.9% | 79.2% |
| | June | 78.9% | n.a. | 86.1% | 79.7% |
| | Sept | 78.5% | n.a. | 85.7% | 79.3% |
| | Dec | 78.1% | 96.8% | 84.8% | 78.9% |
| 2000 | March | 78.2% | 96.6% | 84.6% | 78.9% |
| | June | 78.6% | 96.9% | 84.2% | 79.2% |
| | Sept | 77.8% | 96.3% | 83.1% | 78.3% |
| | Dec | 77.0% | 96.4% | 82.7% | 77.6% |
| 2001 | March | 76.8% | 96.3% | 84.8% | 77.5% |
| | June | 76.3% | 96.2% | 85.0% | 77.0% |
| | Sept | 75.3% | 96.8% | 84.3% | 76.1% |
| | Dec | 74.4% | 96.9% | 83.0% | 75.2% |
| 2002 | March | 73.7% | 96.5% | 82.7% | 74.5% |
| | June | 73.1% | 96.5% | 82.2% | 73.9% |
| | Sept | 70.4% | 96.2% | 79.8% | 71.2% |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-071

OUTCOME 2: ACCESS TO MEDICARE

Topic: BETTER MEDICATION MANAGEMENT SYSTEM (BMMS)

Written Question on Notice

Senator McLucas asked:

- (a) How much money has been spent to date on this program?
- (b) Please outline the progress against objectives, and provide any reasons for delays?
- (c) Have all the potential field test locations been identified? Where are these locations?
- (d) What progress has been made in solving the issues around informed consent and privacy protection?

Answer:

- (a) As at 30 November 2002 \$22.682 million has been spent on the Better Medication Management System (BMMS).
- (b) The objective of the BMMS is to reduce adverse medication events associated with medication use and thereby improve people's health. The Government is committed to making sure the system meets the needs of all major stakeholders, including consumers, doctors, and pharmacists. The original timeline for BMMS was revised to allow an extensive consultation process and additional time for desktop software development. Subject to software vendor readiness Field Tests are expected to commence in early 2003 and run over a period of approximately nine months.
- (c) Final selection of the Field Test locations is expected in December 2002.
- (d) The informed consent and privacy features of the BMMS model, developed by the BMMS Development Group, will be tested during the Field Test.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-011

OUTCOME 2: ACCESS TO MEDICARE

Topic: LEKSELL GAMMA KNIFE

Written Question

Senator Boswell asked:

I refer to questions I asked Dr Primrose at Estimates on 20 February 2002 on the Leksell gamma knife. Since then I have received the Department's response to my Estimates questions, a letter from Stephen Blamey Chair of MSAC (Medical Services Advisory Committee) and a letter from the Minister- all confirming that the gamma knife has not been granted its own Medicare provider number by MSAC but could be claimed under the Medicare provider number 15600 for the linear accelerator.

Despite being claimable under the linear accelerator provider number, it would be a one off payment and not cover costs for the procedure, which the Minister concedes in her letter that "without additional funding this would be uneconomical" - but the Minister's letter also refers to pages 2 and 60 of the MSAC Report where she says hence MSAC advice assumes that usually a single fraction is given in either case."

- (a) As the linear accelerator is delivered in divided doses over several days or weeks, maybe 20 times whereas the gamma knife requires only one application - wouldn't it have been better for MSAC when considering the gamma knife for Medicare rebate purposes to compare the linear accelerator with a rebate of \$1300 multiplied by 20 or some appropriate number to the estimated cost of a one off gamma knife treatment for \$25,000 - rather than comparing one to one as in your MSAC assessment - when this is not the case?
- (b) A ground given by Stephen Blamey, and repeated in the Minister's letter was that there was insufficient evidence that the gamma knife is superior to LINAC radiotherapy and therefore it would be inappropriate for the Commonwealth to provide additional funds for a technology which cannot be demonstrated as superior, plus the Minister also referred to it as being an older technology.

Firstly, in relation to it being older - Are you aware that " the number of Leksell gamma knife sites worldwide has almost doubled since 1998 and that the number of installed bases has grown from 89 in late 1997 to close to 160 in April 2002, with the latest being at the Health Sciences Centre in Winnipeg Manitoba Canada. And that the new generation Leksell Gamma Knife - the C with Automatic positioning system and

wizard software planning has brought the system to new levels of accuracy and precision plus time saving." (As per Elekta wrote to Dr Robert Cooke on 3 June 2002.) Secondly, in relation to the ground of rejection that it is not superior- the gamma knife is put forward as being complementary and a viable alternative to the linear accelerator e.g. 50 % of acoustic neuroma in the US is now treated with the Leksell gamma knife, which is a developing trend in the US and other places. Elekta who produce both the linear accelerator and the gamma knife refer to the acceptance of the gamma knife treatment as an adjunct to regular microsurgery with recent publications such as the respected Journal of Neurosurgery in December 2000 being solely devoted to gamma knife radiosurgery.

- (c) I refer to another ground for rejection based on cost effectiveness and wish to refer you to several examples where treatments were increased following the adoption of the gamma knife and whether this would also be the case in Australia if introduced ? for example, at the Samsung Medical Centre in South Korea when using linear accelerator based radiosurgery they were managing an average of 80 cases per year and within 4 months of acquiring a Leksell gamma knife they had treated 75 patients in 4 months and in Japan where there are 37 gamma knives with an average number of cases per site of 265.
- (d) Is Australia out of step in not supporting the Leksell gamma knife treatment when it is being increasingly adopted worldwide as evidenced by the number of installed bases for the gamma knife worldwide having grown from 89 in late 1997 to around 160 in April 2002 and does this disadvantage Australian patients by preventing reasonable access to a procedure for brain tumours which has the additional benefits of one treatment with all the associated social benefits, and a procedure that does not destroy or damage normal tissue with an error accuracy of less than 1%.

Answer:

- (a) It was appropriate for the MSAC economic analysis to compare treatment episodes for gamma knife and linear accelerator (LINAC) radiosurgery on a one-to-one basis, as Australian usage data indicated that LINAC radiosurgery is predominantly delivered as a single treatment (pg 60, MSAC Assessment report, 2000), not fractionated treatment over multiple treatment sessions.
- (b) The MSAC is aware that the number of gamma knife sites in other countries has increased in recent years. However, the introduction of the technology elsewhere was not necessarily linked to an evidence-based decision-making process and/or the granting of public funding.

The age of the technology was not a factor in the MSAC's recommendation against additional funding for gamma knife treatment. MSAC's recommendation was based on the finding that the evidence does not indicate a difference in outcomes for patients treated with gamma knife or existing treatments.

In regard to the treatment of acoustic neuroma, the MSAC review found that the quality and quantity of the evidence available was insufficient to allow comparison of the effectiveness and safety of the various treatments available for this condition (microsurgery, LINAC and gamma knife surgery). If additional persuasive evidence has emerged since the MSAC review to support the shift to the use of gamma knife for any indication including acoustic neuroma in general also, MSAC would be willing to consider this evidence.

- (c) If a gamma knife facility was established in Australia, it is likely that there would be some shift in patient referrals from existing treatments to gamma knife treatment. This was taken into account in the MSAC economic analysis by calculating costs per treatment for a range of case loads from 50 to 200 patients per year (the applicant's estimate of annual usage). The gamma knife costs per treatment were found to be consistently higher than that for LINAC radiosurgery regardless of the annual case load.
- (d) The rate and extent of adoption of a particular medical technology in other countries is not necessarily an indicator of its proven effectiveness.

The MSAC undertook a rigorous review of the evidence on gamma knife radiosurgery and existing treatments used in Australia for serious intracranial lesions (cerebral metastases, arteriovenous malformations and acoustic neuroma), including the data on the claimed benefits of these treatments. The review concluded that gamma knife treatment did not offer an advantage in terms of safety, effectiveness or cost effectiveness to Australian patients over existing treatments. MSAC could not therefore recommend additional public funding for gamma knife treatment.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-012

OUTCOME 2: ACCESS TO MEDICARE

Topic: CERVICAL SCREENING

Written Question on Notice

Senator Harradine asked:

- (a) Could the Medical Services Advisory Committee (MSAC) provide reasons for its recommendation not to list the HPV DNA test to manage women with low grade Pap smear results on the list of subsidised medicines.
- (b) Could the MSAC provide reasons for its recommendation not to list the ThinPrep cervical cancer test on the list of subsidised medicines.

Answer:

- (a) The MSAC recommended against public funding for the use of the HPV test for triaging of women with low grade Pap smear abnormalities as it was found to be less effective and more expensive than the management plan recommended in the relevant NHMRC guidelines.

A more detailed summary of the MSAC's findings on this indication for HPV testing are attached for the Senator's information (Attachment A).

It is expected that the MSAC report on this topic will be available at the following website address in January 2003:

<http://www.msac.gov.au>

The MSAC secretariat will provide Senator Harradine with a printed copy of the report as soon as it becomes available.

- (b) The MSAC recommended against listing of liquid based cytology tests such as ThinPrepTM as there was insufficient evidence to say that liquid based cytology tests are more accurate than the conventional Pap smear, despite their greater cost.

More detailed information on the MSAC's findings on thin film technologies has been provided as an attachment to this document (Attachment B).

It is expected that the MSAC report on this topic will be available from the MSAC's website (www.msac.gov.au) in January 2003. The MSAC Secretariat will provide a printed copy to Senator Harradine as soon as it is published.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-02, 21 November 2002

Question: E02-016

OUTCOME 2: ACCESS TO MEDICARE

Topic: HIC FRAUD AND ABORTION PROVISION

Written Question on Notice

Senator Harradine asked:

At the Additional Estimate hearings in February 2002 I asked a question (E02000135) about HIC fraud and provision. The answer to question c. stated: "The only investigations which have been conducted of providers of this service have been in relation to their suspected breach of the rules pertaining to direct (or bulk) billing and the illegal charging of additional fees (generally referred to as a "moiety payment") to patients. No information or specific allegations have been made to HIC in relation to these items".

If "no information or specific allegations have been made to HIC in relation to these items" why has an investigation taken place at all?

Please clarify.

Answer:

Although there has not been any compliance activity undertaken in regard to the performance of the medical procedure, there has been an investigation into the billing practices of a particular abortion provider. This investigation arose from a patient complaint that a moiety had been charged with a bulk-billed service. Collection of a moiety with a bulk-billed service is not permitted under the *Health Insurance Act 1973*.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question:E02-092

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBAC RECOMMENDATION WHEN LISTING CELEBREX COMPARED TO LISTING OF AVANDIA

Hansard Page: CA 73

Senator McLucas asked:

Did the PBAC make that same sort of recommendation when it recommended the listing of Celebrex?

Answer:

The Pharmaceutical Benefits Advisory Committee (PBAC) recommendation in March 2000 to list Celebrex on the Pharmaceutical Benefits Scheme (PBS) was subject to certain restrictions.

The PBAC recommended that:

- Celebrex be listed as a restricted benefit for the treatment of chronic arthropathies (including osteoarthritis) with an inflammatory component; and
- the arrangement should be subject to a price volume agreement.

Senate Community Affairs Legislation Committee
 ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
 HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 21 November 2002

Question: E02-093

OUTCOME 2: ACCESS TO MEDICARE

Topic: LISTING OF GLIVEC ON PBS DECEMBER 2001

Hansard Page: CA 74

Senator McLucas asked:

And the other one was 21 October 2002. There must have been two separate processes in forward estimates-evaluated for both-so that we could work out whether it had to go to cabinet, at least for that reason. Can you run through the forward estimates on the later stages listing and then the subsequent listing? Do you understand the point I am making?

Answer:

Glivec was listed on the Pharmaceutical Benefits Scheme (PBS) for the treatment of the advanced (accelerated and blast) stages of Chronic Myeloid Leukaemia (CML) from 1 December 2001. At that time it was estimated to increase PBS expenses by the following amounts:

(\$ million)

| 2001-02 | 2002-03 | 2003-04 | 2004-05 |
|----------------|----------------|----------------|----------------|
| 15.5 | 22.9 | 26.4 | 27.1 |

The actual costs of listing have been considerably below the estimates originally made to this point, with PBS subsidies for Glivec in the advanced stages of CML totalling \$3.2 million in 2001-2002.

Glivec was listed for the treatment of the earlier (chronic) stage of CML from 21 October 2002. This extended listing is estimated to increase PBS expenses by the following amounts:

(\$ million)

| 2002-03 | 2003-04 | 2004-05 | 2005-06 |
|----------------|----------------|----------------|----------------|
| 7.8 | 21.8 | 24.3 | 26.1 |

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-064

OUTCOME 2: ACCESS TO MEDICARE

Topic: HOME MEDICINES REVIEW

Hansard Page: CA 81

Senator McLucas asked:

- (a) Can you confirm that the HIC has not conducted any form of review of the Home Medicine Review program?
- (b) What proportion of consultations have been conducted in the home of the patient and in the pharmacy?
- (c) Does a pharmacist have to identify the location of the consultation when making a claim?
- (d) Has the evaluation of the program been conducted? When was it scheduled? How is it to be conducted? When is the evaluation report expected?

Answer:

- (a) The Health Insurance Commission has not conducted a formal review of the Home Medicines Review program at a national level. However, in September 2002 the Health Insurance Commission asked 13 pharmacies providing Home Medicines Review services to indicate where the consumer interviews were conducted for reviews they had recently completed.
- (b) A total of 10 of the 13 pharmacies contacted by the Health Insurance Commission in September 2002 reported that 126, or 87%, of 145 recent interviews were conducted in the home of the consumer. Two of the remaining three pharmacies reported that 'most' interviews were conducted in the pharmacy, with the third pharmacy reporting that 'most' were conducted in the home of the consumer. No other information regarding the location of consumer interviews has been collected by the Health Insurance Commission or the Department of Health and Ageing.
- (c) Pharmacies are not currently required to record the location of the consumer interview when submitting a claim for payment to the Health Insurance Commission. It is planned to introduce a requirement to record the location of the consumer interview early in 2003.

- (d) The Home Medicines Review program commenced in October 2001 and no evaluation has been conducted. An evaluation is planned to commence in 2003. The Department of Health and Ageing has established an Expert Advisory Group comprising consumer, health profession and Government representatives to assist in the preparation of an evaluation strategy. The strategy will be used to prepare specifications for use in a tender process to select a contractor to undertake the evaluation. It is expected that the evaluation will be completed in 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: 02-094

OUTCOME 2: ACCESS TO MEDICARE

Topic: CALCULATION OF PAYMENT FOR PRACTICE NURSES/ STANDARDISED WHOLE PATIENT EQUIVALENTS

Hansard Page: CA 85

Senator McLucas asked:

How do you calculate that payment?

Answer:

The Practice Incentive Program (PIP) Practice Nurses payment is based on a dollar value per Standardised Whole Patient Equivalent (SWPE) for participating practices. Consequently there are two parts to this answer: firstly an outline of calculation of the SWPE; and secondly, calculation of the PIP Practice Nurses payment.

Calculation of the Standardised Whole Patient Equivalent

Most components of the PIP are paid in relation to practice size. Practice size is calculated using a measure of patient numbers called the Standardised Whole Patient Equivalent.

The SWPE value for a practice is the sum of the “fractions of care” it provides to each of its patients, weighted for the age and sex of each patient. This value is calculated in three steps.

Step one:

For each patient attending a practice, the proportion of their GP attendances which are at that practice is calculated. For example, if a patient attends only that practice, the proportion is 1. If they have 4 similar consultations in a year, 1 at that practice and 3 elsewhere, the proportion is 0.25. This proportion is known as the Whole Patient Equivalent (WPE).

The proportion is calculated based on the schedule fee value of non-referred consultations received by the patient at the practice within the twelve-month reference period used to calculate the payment. The value of these consultations is then divided by the total schedule fee value of all non-referred consultations received by the patient within the reference period.

Using the schedule fee value in the calculation, rather than just the number of consultations, allows greater weight to be given to longer and complex consultations and out of surgery visits.

Step Two:

The resultant WPE is multiplied by a weighting factor that varies according to the patient’s age and sex. This adjustment recognises that, on average, people require different amounts of care at different stages in their life, and that this amount of care also differs between males and females.

Step Three:

These standardised WPEs of patient care for each practice are added to give a practice total, resulting in the Standardised Whole Patient Equivalent (SWPE) value for the practice.

Calculation of Practice Nurses payment

There are two categories of payments under the Practice Nurses initiative. Eligible practices located in metropolitan areas receive a payment of \$8.00 per SWPE (annual rate). Practices located in rural and remote areas receive a base payment of \$7.00 per SWPE (annual rate) plus an additional rural loading that increases in relation to the remoteness of the practice (See Table 1).

The rural loading is applied to all incentives earned by the practice. The rurality of each practice is determined using Rural, Remote and Metropolitan Areas Classification (RRMA). The rural payment is higher for practices in more remote areas in recognition of the difficulties of providing care in small country towns or isolated communities. As the smallest rural loading is 15%, all participating practices receive a payment of \$8 per SWPE or higher.

Table 1: Practice Nurses – amount per SWPE

| RRMA | 1 & 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------------------|--------|--------|--------|--------|--------|---------|
| Base amount per SWPE (annual) | \$8.00 | \$7.00 | \$7.00 | \$7.00 | \$7.00 | \$7.00 |
| Rural Loading | 0% | 15% | 20% | 40% | 25% | 50% |
| Amount per SWPE | \$8.00 | \$8.05 | \$8.40 | \$9.80 | \$8.75 | \$10.50 |

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-074

OUTCOME 2: ACCESS TO MEDICARE

Topic: MENTAL HEALTH

Written Question on Notice

Senator McLucas asked:

“Why is cognitive behaviour therapy not funded under Medicare?”

Answer:

When clinically indicated, cognitive behavioural therapy has always been available to patients under the standard GP attendance items and from consultant psychiatrists as part of the psychiatrist consultation items.

In addition, General Practitioners with accredited higher level mental health skills and training who are registered with the Health Insurance Commission for this purpose are able to access the higher rebate Medicare Benefits Schedule items for Focussed Psychological Strategies (including cognitive behavioural therapy). These items have been available from 1 November 2002 as a component of the *Better Outcomes in Mental Health Care* initiative that commenced on 1 July 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 21 November 2002

Question: E02-042

OUTCOME 2: ACCESS TO MEDICARE

Topic: MEDICAL AND PROFESSIONAL INDEMNITY COSTS FOR NACCHO

Written Question on Notice

Senator Crossin asked:

NACCHO reports that the dramatically increased costs of professional and medical indemnity cover, and in some cases, inability to purchase cover at any price, has seriously impacted on budgets and the ability to deliver services.

- (a) What action is the Commonwealth taking to address this issue?
- (b) Specifically, has the Minister had any meetings with Senator Coonan on this issue? If not, why not?
- (c) Does the Minister see this issue as a priority? If not, why not?

Answer:

- (a) The Department of the Treasury has conduct of issues in relation to professional indemnity and public liability insurance.

The steps the Government has taken to address medical indemnity insurance issues are set out in the attached statement by the Prime Minister on 23 October 2002 (Attachment A).

- (b) The Minister and the Minister for Revenue and Assistant Treasurer Senator the Hon Helen Coonan have been working closely on matters relating to medical indemnity insurance and professional indemnity insurance generally.
- (c) The Government is concerned to ensure that adequate and affordable indemnity insurance is available to health service providers generally, hence the package of measures announced by the Prime Minister on 23 October 2002.



PRIME MINISTER

A NEW MEDICAL INDEMNITY INSURANCE FRAMEWORK

Today I am announcing the Government's package of measures to address rising medical indemnity insurance premiums and ensure a viable and ongoing medical indemnity insurance market.

To allow time for the new measures to take effect, the Government will offer to extend the existing guarantee to United Medical Protection and Australasian Medical Insurance Limited (UMP/AMIL) to 31 December 2003. Subject to approval by the New South Wales Supreme Court, this will allow UMP/AMIL members to continue to practise during that period in the knowledge that claims will be met.

The package aims to ensure key private medical services, including in rural and regional areas, are maintained. It also provides a new national and comprehensive medical indemnity insurance framework.

Pressure on premiums and associated affordability issues will be reduced through a range of initiatives including:

- direct financial support for groups of doctors – obstetricians, neurosurgeons and GPs performing procedures – who pay relatively high premiums;
- a scheme to meet 50 per cent of the cost of claims payments greater than \$2 million (up to the insured amount) made by medical indemnity insurers;
- the funding of Incurred But Not Reported (IBNR) liabilities for those Medical Defence Organisations (MDOs) that have not set aside money to cover these liabilities, and recouping the cost of that funding through a levy on their members payable over an extended period; and
- enhanced risk management approaches.

I also call on State and Territory governments to continue tort and legal system reforms, and to maintain indemnities for doctors working in public hospitals and existing support measures for doctors in rural areas.

MDOs will be brought into a new regulatory framework administered by the Australian Prudential Regulation Authority and will be subject to a range of prudential safeguards to mitigate insolvency risks. Under the new framework, health practitioners will benefit from product safeguards to ensure continuity of cover. The Australian Competition and Consumer Commission will monitor medical indemnity insurance premiums to determine whether they are actuarially and commercially justified.

In developing this package the Government was assisted by extensive consultations with a wide range of medical and insurance groups on the proposals outlined in my statement of 31 May 2002. These consultations were very helpful in ensuring the Government's package is effective and well thought out, and I would like to thank those groups who took part in the process.

Details of the package are attached. Where appropriate, the design of individual initiatives will be developed further in consultation with relevant stakeholders.

I consider these measures will allow current participants and potential entrants to the medical indemnity insurance market to make informed and timely decisions.

The Commonwealth will continue to review the need for the direct financial support and high cost claims arrangements as State law reforms and other elements of this package impact on the availability and cost of medical indemnity insurance. The appropriateness of Commonwealth support for development of a commercially viable market will also be reviewed in light of broader insurance market developments, including stabilisation of global reinsurance markets and removal of NSW premium caps (which the Commonwealth will be requesting).

I call on State and Territory Governments, medical practitioners, insurers and the legal profession to move quickly to play their part in implementing this comprehensive new framework.

The Department of Health and Ageing has established a telephone information line to provide doctors with information about the package.

The Medical Indemnity Information Line telephone number is 1800 007 757.

Information is also available on the Department's website at www.health.gov.au. This website will continue to provide up to date information on the implementation of the package of measures.

A NEW MEDICAL INDEMNITY INSURANCE FRAMEWORK

Extension of the Guarantee

The Commonwealth will offer to extend the term of the current guarantee to UMP/AMIL to 31 December 2003. This offer of a 12 month extension will be subject to the New South Wales Supreme Court allowing UMP and AMIL to continue in provisional liquidation and authorising the Provisional Liquidator (PL) to accept the extension of the guarantee.

Extension of the guarantee will protect provision of medical services and provide a significant benefit to members of UMP/AMIL. It will allow time for the PL to fully explore options for restructuring the business, and for other measures to take effect.

The offer will be on similar terms to the existing guarantee and will provide Commonwealth financial support to allow UMP/AMIL to meet the following payments under the cover provided to its members:

- amounts payable in the period 29 April 2002 to 31 December 2003 in respect of claims notified or finalised prior to 29 April 2002; and
- amounts payable in respect of claims notified in the period 29 April 2002 to 31 December 2003, whenever the claim is finalised (including after 31 December 2003).

This further extension of the guarantee until 31 December 2003 will also be funded, if necessary, via the IBNR levy (see below). However, by allowing additional time the PL will be able to explore a broader range of options for restructuring the businesses and maximising the value of UMP/AMIL's assets, and thus minimise any cost of the guarantee. At present, the provisional liquidator has not called on the Commonwealth guarantee.

Premium Subsidies

In my press release of 31 May 2002 I indicated that the longer-term strategy for medical indemnity insurance would encompass developing arrangements, including consideration of direct financial support, to ensure premium affordability for practitioners undertaking high-risk specialties.

Premium affordability, and the consequent impacts on service provision, was a key issue raised by medical practitioner groups during consultations.

From January 2003, the Commonwealth will provide a premium subsidy to obstetricians, neurosurgeons and GP-proceduralists (most of whom work in rural and regional areas).

- The subsidy will be provided to obstetricians, neurosurgeons and GP-proceduralists who undertake Medicare billable procedures. It will be equivalent to 50 per cent of the difference between the cost of their premiums plus the IBNR levy (if applicable) and the corresponding cost for gynaecologists, general surgeons and non-procedural GPs respectively in the relevant State and Territory.
- For neurosurgeons, in light of the particularly high premium costs faced by some neurosurgeons combined with their relatively limited scope to derive income from private practise, the subsidy rate will increase to 80 per cent on that portion of their premium plus levy (if applicable) that exceeds \$50,000.
- Accessing the subsidy will be conditional on medical practitioners participating in quality and safety programmes designed to protect patients and minimise the incidence of injuries. Approaches will be examined to minimise the need for rural doctors to be absent from their practices.

The subsidy will apply to the premium paid net of GST (as GST on the premium is eligible for an input tax credit) and State and Territory stamp duties. State stamp duties where applied can exacerbate concerns regarding premium affordability. The Commonwealth calls on State and Territory governments to remove existing stamp duties on medical indemnity insurance premiums. This will be important so that medical indemnity premiums are exempt from stamp duty as medical indemnity providers are brought into the general insurance regulatory arrangements.

High Cost Claims

The Commonwealth will introduce a scheme (known as the High Cost Claims Scheme) to address the issue of high cost claims related to medical incidents. The scheme should, all other things being equal, lower premiums by reducing the potential cost of large claims to insurers.

Insurance markets currently have little appetite for taking on large and uncertain risks. This is especially the case in the medical indemnity insurance market where it is difficult to actuarially assess risk and to price premiums appropriately.

By meeting 50 per cent of the cost of payouts by medical indemnity providers in relation to high cost claims, the Commonwealth is working to ensure, among other things, that adequate cover is available where incidents result in catastrophic injuries to patients. This scheme is also an effective way to address the exposure and uncertainty associated with high cost claims in medical indemnity insurance.

The Commonwealth will reimburse medical indemnity providers, on a per claim basis, 50 per cent of the insurance payout over and above \$2 million for claims notified on or after 1 January 2003.

The scheme will exclude claims relating to the provision of public hospital services or that are otherwise already covered by State and Territory Governments. The Commonwealth expects the State and Territory Governments to continue to meet those obligations.

Legislation will be introduced to give effect to the scheme later in 2002.

Where a claim comes within both the High Cost Claims scheme and the IBNR scheme (see below), it will be covered by the High Cost Claims scheme first, and then by the IBNR scheme. Details will be settled in consultation with affected stakeholders.

The Commonwealth will continue to participate in State and Territory processes to examine the current, and possible alternative, arrangements for providing long-term care to those who have suffered catastrophic injury.

- Medical negligence and misadventure account for only a small proportion of catastrophic injuries; most result from motor vehicle and workplace accidents that are covered by State and Territory statutory insurance schemes.

The IBNR Scheme

In my press release of 31 May I also outlined the broad parameters of an assistance measure to help MDOs meet unfunded 'incurred but not reported' (IBNR) liabilities. The IBNR scheme consists of two parts:

- (i) the Commonwealth providing funding for MDO IBNR liabilities that are unfunded as at 30 June 2002, with payouts beginning in early 2003; and
- (ii) recouping the cost of funding those liabilities through a levy on members of the MDOs with unfunded IBNRs (members of MDOs whose IBNRs are fully funded as at 30 June 2002 will not pay the levy).

This scheme is important in giving affected MDOs, and UMP/AMIL in particular, the chance of a "fresh start", unencumbered by past unfunded claims incurred liabilities. The Provisional Liquidator of UMP has reported to the NSW Supreme Court that UMP's unfunded IBNRs are likely to be between \$368.6 million and \$500.8 million. Other MDOs are thought to have substantially lower unfunded IBNRs.

The IBNR scheme is also important for affordability. On 31 May I announced that the levy would be payable over an extended period, making it more affordable to medical practitioners. Without the IBNR scheme, these unfunded amounts would need to have been raised by MDOs through higher premiums and/or capital calls on members, most likely over a period of less than five years.

- The IBNR levy will be payable by any person who, on 30 June 2000, was a member of an MDO that is assessed as having unfunded IBNR liabilities as at 30 June 2002.
- Exemptions from the levy will apply to the estates of deceased members, members who retired before 31 December 2001 and student members as at 30 June 2000. Special arrangements are being considered for part-time practitioners.

Medical practitioners who belong to an MDO that has fully provisioned for its IBNRs will not be subject to the levy. For those practitioners who are liable to pay the levy, it will be set as a proportion of their medical indemnity premium paid in the 2000-01 financial year. This means that it will reflect the risks borne by different practitioner groups, an approach that is strongly favoured by medical organisations.

Legislation will be introduced later in 2002 to give effect to the IBNR scheme, with levies to become payable in 2003-04.

The duration and/or rate of the levy will vary according to the size of each MDO's unfunded IBNR liabilities. Levy commitments in respect of each MDO will be determined once their unfunded IBNRs have been assessed.

Members of relevant MDOs will not pay a higher levy amount in any year than the amount they pay in the first year. If an MDO's estimated IBNR liability is revised down, the levy for members of that MDO will be reduced. If the MDO's estimated IBNR liability is revised up, the period of the levy will be extended for members of that MDO. For UMP members, the levy will be spread over at least 5 years. If the unfunded liabilities for a particular MDO are relatively small, the levy may only need to be paid for a year or two.

The income tax law will be amended to provide a specific deduction for all practitioners (including retirees) who are required to pay the IBNR levy, regardless of whether a deduction would otherwise be available.

Placing Medical Indemnity Providers on an Appropriate Regulatory and Commercial Footing and Policyholder Safeguards

Medical indemnity insurance providers will be placed on an appropriate regulatory footing. This will encourage a more commercially sustainable focus. Enhanced policyholder safeguards will also be introduced.

- MDOs will be brought into the regulatory framework that applies to general insurers (and will become ‘authorised insurers’), which incorporates a range of prudential safeguards to mitigate insolvency risks.
- This framework will apply to business written after 1 July 2003.
- Transitional arrangements will be developed as appropriate. They will include consideration of the need for a period of 3 to 5 years to meet prudential capital requirements on business written after commencement of the framework.
- Medical indemnity cover will be required to be offered to practitioners in the form of a contract of insurance, rather than as ‘discretionary assistance’. This will provide certainty about what is covered and facilitate appropriate prudential supervision.
- Minimum product standards will be developed, in consultation with affected stakeholders. Medical indemnity providers issuing claims made cover will be required to offer suitable and ‘tail’ and ‘run-off’ cover at a fair price. This will ensure that continuous protection is available where medical practitioners switch insurers or retire. Appropriate product disclosure rules will assist medical practitioners to better understand the nature of their cover.
- Authorised providers of medical indemnity cover will be required to submit claims data to government along with all other general insurers, consistent with the new arrangements being developed in the context of public liability reform. The Government welcomes the recent release by MDOs of historical claims data.
- Officials will continue to hold consultations with relevant parties to discuss implementation issues.

Reducing Injury caused through Adverse Events and Enhanced Clinical Risk Management

The measures in this package address structural problems in the medical indemnity insurance market. The Government also recognises the importance of improving clinical risk management, reducing adverse events and improving patient safety. We must not lose sight of the fact that medical litigation usually starts at the point of service with consumers experiencing an unexpected outcome. Measures that focus on quality and safety improvement are important in themselves. They bring enormous benefits to the provision of health services. They may also flow through to medical indemnity issues in the longer term.

I am pleased that in consultations, medical colleges and allied health groups indicated a willingness to play a role in improved clinical risk management aimed at reducing patient injuries and encouraging practitioners to be more open with patients when things go wrong.

Improved handling of incidents and adverse events will contribute greatly to improved health service provision. This can also assist in reducing patients' distress when something goes wrong. To this end the Commonwealth will be asking doctors who have received a subsidy for their medical indemnity premiums to participate in safety and quality activities. The Commonwealth is currently working with State and Territory Governments in the area of quality and safety through the Australian Council for Quality and Safety in Health Care. Medical and allied health professional groups and MDOs also have a role in improving clinical risk management. The Commonwealth will work in partnership with these groups to identify suitable existing programs in which doctors can participate, and to explore options for improved room based procedures.

In relation to improved handling of incidents and adverse events I also call upon State and Territory Governments and the medical profession to work with medical consumer groups to consider how State Health Complaints Commissioner arrangements can be made more effective.

It is known that some individuals begin litigation just to establish what went wrong and to elicit an apology. The Australian Council for Safety and Quality in Health Care is leading national action to work towards greater openness in communicating with patients and carers when things go wrong in health care – the Open Disclosure project.

Considerable progress has been made in the development of a national open disclosure standard.

A draft standard was released for public comment (30 September was the closing date). The input received is now being considered. Field testing is currently taking place in three hospitals (Royal Adelaide, Royal Brisbane and Westmead Childrens').

The national standard is due to be finalised by the end of this year.

The Commonwealth continues to be committed to the important work being undertaken jointly with the States and Territories through the Australian Council for Safety and Quality in Health Care towards systemic improvements in the safety and quality of health care services. Joint Commonwealth-State funding of \$55 million over 5 years has already been provided towards the Council's work.

State and Territory Initiatives

Comprehensive reform of the medical indemnity insurance market also requires complementary action on the part of the States and Territories.

Tort and Legal System Reform

While it is noted that significant progress has been made, it is vital that all States and Territories continue with effective and substantial tort law and legal system reforms. Such reforms will provide greater certainty to insurers in determining the number and

size of likely claims, while at the same time having due regard to ensuring fair and reasonable compensation for victims. This will have flow-on effects in terms of the availability and affordability of medical indemnity cover over the longer-term.

Despite the good progress being made, by NSW in particular, more needs to be done. Furthermore, it is vital that such progress be nationally consistent, where possible.

The Commonwealth seeks a broader commitment to urgent reforms by other States and Territories, and encourages harmonised reform efforts.

The Commonwealth will continue to facilitate whole-of-government consideration of reform.

The 2 October Ministerial meeting on public liability insurance, coordinated by the Minister for Revenue and Assistant Treasurer, considered the findings of the Ipp Review of the Law of Negligence.

- Ministers have instructed officials to prepare a report on those recommendations of the Review and related issues, including professional and medical liability insurance, which should be implemented on a nationally consistent basis. The officials' report is to be delivered to Ministers by the end of October 2002 and Ministers will consider this report prior to the Fourth Ministerial Meeting on Public Liability Insurance, to be held in November.

I will also be taking stock of a range of insurance issues with State and Territory leaders at the COAG meeting planned for late November.

NSW Premium Caps

The Commonwealth will ask the NSW Government to remove caps on premiums in NSW by the end of 2003. This is an important element of the new framework as removal of these caps would allow medical indemnity providers to set premiums according to risk and so operate on a commercially sustainable basis.

Since the caps were introduced, the NSW Government has indemnified medical practitioners for their public work in NSW public hospitals. The Commonwealth's High Cost Claims Scheme and the premium subsidy announced today will assist practitioners in high-risk categories who undertake private practice.

Ensuring that the Benefits of Reforms are Passed On

It is important that the benefits of reforms are passed on to practitioners, to patients and to the community.

The Government expects medical indemnity providers to factor into premiums the reduced risk exposure resulting from the range of initiatives taken by the Commonwealth, State and Territory Governments.

The ACCC will monitor medical indemnity premiums to determine whether they are actuarially and commercially justified.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: E02-090

OUTCOME 2: ACCESS TO MEDICARE

Topic: MBS ITEMS FOR SCREENING OF DIABETIC RETINOPATHY IN
INDIGENOUS AUSTRALIANS

Hansard Page: CA 124

Senator Crossin asked:

Can the Department provide reasons for there being no MBS item for screening of diabetic retinopathy in Indigenous Australians?

Answer:

Although there is no specific item for diabetic retinopathy screening, MBS consultation items which already exist are used by optometrists and ophthalmologists to cover detailed eye examinations and for detection of eye diseases that can occur with increased frequency in people with diabetes. This would include retinopathy.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-03, 20 November 2002

Question: E02-107

Transferred from the Finance and Administration Committee.

OUTCOME 2: ACCESS TO MEDICARE

Topic: CAMPAIGN AROUND THE PHARMACEUTICAL BENEFITS SCHEME

Hansard Page: F&PA 124

Senator Faulkner asked:

What is the value of the contract with Woolcott?

Answer:

The value of the contract is \$233,380 excluding GST.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Supplementary Budget Estimates 2002-03, 20 November 2002

Question: E02-108

Transferred from the Finance and Administration Committee.

OUTCOME 2: ACCESS TO MEDICARE

Topic: CAMPAIGN AROUND THE PHARMACEUTICAL BENEFITS SCHEME

Hansard Page: F&PA 124

Senator Faulkner asked:

For this particular campaign, will you be able to provide us a copy of the research brief?

Answer:

Consistent with Departmental guidelines 'Principles for the conduct of systematic social research', it would not be appropriate to release the research at this point in time as it may jeopardise the implementation of related activities.

Senate Community Affairs Legislation Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 21 November 2002

Question: Amended E02-018

OUTCOME 9: HEALTH INVESTMENT

Topic: HUMAN EMBRYO RESEARCH GRANTS

Written Question on Notice

Senator Harradine asked:

Please provide full details of NHMRC grants to projects involving research using human embryos.

Amended Answer:

- The NHMRC is currently funding one project, from the first round of Development Grants (2002), involving research using human embryos.

The grant, which was announced in August 2002 and is titled *Improving first trimester screening by combining rapid MF-PCR of PAP smears with nuchal ultrasound scanning* (Chief Investigator Dr Ian Findlay, University of Queensland) has a total funding of \$225,000 over 3 years.

The University of Queensland advised the NHMRC in September 2002 that human ethics approval had been given for this grant and funding commenced on 6 November 2002.

- The NHMRC has approved funding for a second project, from the same round of Development Grants, involving research using human embryos.

The grant is titled *GM-CSF Regulation of Preimplantation Embryo Development* (Chief Investigator Dr Sarah A Robertson, University of Adelaide) and has a total funding of \$480,000 over 3 years.

The NHMRC is awaiting formal advice from the University of Adelaide that human ethics approval for this project has been given before funding will commence.