

The Senate

Community Affairs
Legislation Committee

Budget estimates 2015-16

June 2015

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Membership of the Committee

44th Parliament

Members

Senator Zed Seselja, Chair	LP, Australian Capital Territory
Senator Rachel Siewert, Deputy Chair	AG, Western Australia
Senator Carol Brown	ALP, Tasmania
Senator Nova Peris	ALP, Northern Territory
Senator Linda Reynolds	LP, Western Australia
Senator Dean Smith	LP, Western Australia

Substitute Members

Senator Sue Lines (5 June 2015)	ALP, Western Australia
Senator Claire Moore (3 to 4 June 2015)	ALP, Queensland
Senator Anne Ruston (3 June 2015)	LP, South Australia
Senator James McGrath (3 June 2015)	LP, Queensland
Senator the Hon. Ian Macdonald (4 June 2015)	LP, Queensland

Senators in attendance

Senator Zed Seselja (Chair), Senator Rachel Siewert (Deputy Chair), Senator Carol Brown, Senator Nova Peris, Senator Linda Reynolds, Senator Dean Smith, Senator Cory Bernardi, Senator David Bushby, Senator the Hon. Doug Cameron, Senator the Hon. Jacinta Collins, Senator the Hon. Concetta Fierravanti-Wells, Senator Sam Dastyari, Senator Richard Di Natale, Senator the Hon. Mitch Fifield, Senator David Leyonhjelm, Senator Sue Lines, Senator Scott Ludlam, Senator Gavin Marshall, Senator Claire Moore, Senator the Hon. Jan McLucas, Senator the Hon. Fiona Nash, Senator the Hon. Marise Payne, Senator Helen Polley, Senator Anne Ruston, Senator Larissa Waters, Senator Penny Wright, Senator Nick Xenophon.

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Chapter 1

Introduction

1.1 On 12 May 2015, the Senate referred the following documents to the committee for examination and report:

- Particulars of proposed expenditure in respect of the year ending on 30 June 2016;
- Particulars of certain proposed expenditure in respect of the year ending on 30 June 2016;
- Particulars of proposed expenditure in relation to the parliamentary departments in respect of the year ending on 30 June 2016;
- Particulars of proposed additional expenditure in respect of the year ending on 30 June 2015; and
- Particulars of certain proposed additional expenditure in respect of the year ending on 30 June 2015.

1.2 The committee is responsible for the examination of the following portfolios:

- Health;
- Social Services; and
- Human Services.

Details of hearings

1.3 The hearings were conducted in accordance with the agreed agenda outlined as follows:

- 1 and 2 June 2015 — Health portfolio
- 3 June 2015 — Human Services and Social Services portfolio
- 4 and 5 June 2015 — Social Services portfolio

1.4 The committee heard evidence from the following Senators:

- Senator the Hon Fiona Nash, Assistant Minister for Health (and representing the Minister for Health);
- Senator the Hon Marise Payne, Minister for Human Services;
- Senator the Hon Mitch Fifield, Assistant Minister for Social Services (representing the Minister for Social Services); and
- Senator the Hon Concetta Fierravanti-Wells, Parliamentary Secretary to the Minister for Social Services (representing the Minister for Social Services).

1.5 Evidence was also provided by the following:

- Mr Martin Bowles PSM, Secretary of the Department of Health;
- Ms Kathryn Campbell, Secretary of the Department of Human Services;
- Mr Finn Pratt, Secretary of the Department of Social Services; and
- officers representing the departments and agencies covered by the estimates before the committee.

Questions on notice

1.6 In accordance with Standing Order 26(9)(a), the committee agreed that the date for the return of answers in response to questions placed on notice would be 24 July 2015.

1.7 Answers to questions on notice and tabled documents may be accessed via the committee's website: http://www.aph.gov.au/senate_ca.

Hansard transcripts

1.8 *Hansard* transcripts of the estimates proceedings are accessible on the committee's website.

1.9 An index of topics covered by Hansard page number is available at Appendix 2.

1.10 References to the Hansard transcript are to the proof Hansard; page numbers may vary between the proof and the official Hansard transcript.

Changes in the PBS

Health Portfolio

1.11 In the Portfolio Budget Statements the government announced the following changes to portfolio agencies:

- The Australian Organ and Tissue Donation Transplantation Authority and National Blood Authority will merge to create a new independent body;
- the functions of the Private Health Insurance Administration Council will be transferred to the Australian Prudential Regulation Authority and the Department of Health (subject to the passage of legislation by the Parliament);
- the responsibilities of the Private Health Insurance Ombudsman are being transferred to the Office of the Commonwealth Ombudsman (subject to the passage of legislation by the Parliament); and
- a proposed new Health Productivity and Performance Commission.¹

1 Portfolio Budget Statements 2015–16, *Health Portfolio*, pp 3–4.

Chapter 2

Health Portfolio

Department of Health

2.1 This chapter outlines key issues discussed during the 2015–2016 budget estimates hearings for the Health portfolio.

2.2 Areas of the portfolio and agencies were called in the following order:

- Whole of Portfolio/Corporate Matters
- Australian Institute of Health and Welfare
- Primary Health Care
- National Mental Health Commission
- Medicare Locals
- GP Superclinics
- Acute Care
- Independent Hospital Pricing Authority
- Access to Medical and Dental Services
- Private Health
- Private Health Insurance Administration Council
- Private Health Insurance Ombudsman (PHIO)
- Access to Pharmaceutical Services
- Health Infrastructure, Regulation, Safety and Quality
- Organ and Tissue Authority
- Therapeutic Goods Administration
- National Blood Authority
- National e-Health Transition Authority (NeHTA)
- National Industrial Chemicals Notification and Assessment Scheme (NICNAS)
- Healthcare Workforce Capacity
- Population Health
- Cancer Australia
- National Health and Medical Research Council
- Food Standards Australia New Zealand (FSANZ)
- Sports and Recreation

- Australian Sports Commission (ASC)
- Australian Sports Anti-Doping Authority (ASADA)
- Australian Sports Foundation (ASF)

Whole of Portfolio/Corporate Matters

2.3 The committee asked for details on the funding cuts to Flexible Funds. When asked whether all 16 flexible funds co-funded by the department will be affected, Mr Bowles said:

That is the work that we will do over the next few months, working out exactly how we would attack every single fund through that process or every single program within there. I would expect that the majority will be but some may actually not be. So we will use the next couple of months to do that. As you would probably be aware, we have actually funded a whole range of these programs for the next 12 months for that very purpose, to actually do that. The funds and how the \$596 million is actually calculated steps up over the four years. Basically there is a \$57.8 million implication for the 2015-16 year and it builds up over the four years. So we have time to have a look at that, and all of the existing arrangements that we have in place can be honoured within that arrangement. We will work on it over the next couple of months to see how we do that.¹

2.4 Small government initiatives were examined, with questions focussing on the merge of the Therapeutic Goods Administration's core corporate services into the department. When asked how many staff are going to be impacted, Professor Skerritt answered:

...the main implication is actually a change in reporting lines, not termination of these jobs. For example, the IT people and the legal branch will now, instead of reporting to one of the first assistant secretaries who reports to me as a deputy, report to the first assistant secretaries who report to Ms Cosson here.²

2.5 Mr Bowles added:

At the end of the day I do not see any great change in the numbers. If you have a look at what we have done over the last little while, the numbers have actually been coming down. We are this close to the number that we need to take forward. As we go forward in the latter part of the forward estimates, if you like, we will continue to step down. I think that is what you will see. But for the 2015-16 year I do not see any major change because we have actually made a concerted effort, over the last six months in particular, with our recruitment activities, to get to a number that is going to be sustainable for 2015-16. We are roughly around that number now.³

1 *Proof Estimates Hansard*, 1 June 2015, p. 9

2 *Proof Estimates Hansard*, 1 June 2015, p. 37

3 *Proof Estimates Hansard*, 1 June 2015, p. 37

Outcome 5 Primary Health Care

2.6 Senator Wright asked the department about the transition from Medicare Locals to Primary Health Networks (PHN). The department was asked about the capacity for commencement on 1 July 2015 for the three applicants yet to be confirmed and Mr Cormack answered:

The process of signing up the Primary Health Network arrangements is progressing well: 11 have signed up. Many more will follow very shortly. We have actively commenced the transition process from Medicare Locals through to PHNs. That matter is already under way. We believe there will be an orderly transition over the coming months. In relation to the three that have not yet been announced, we are very close to finalising those arrangements. We will be working both with the existing Medicare Locals that continue to provide the services that will be subsumed into the new PHNs and the new parties. We will make sure that there is no disruption to the support and the services they provide. We have a significant team of people who are working very closely right across the countryside to ensure that this transition takes place well and in a timely fashion.⁴

2.7 The committee asked the department what the role and purpose of the Primary Health Care Advisory Group (PHCAG) was. Mr Bowles explained:

In relation to the Primary Health Care Advisory Group, what we are trying to do—and this was informed by all of those consultations—is to look for opportunities to reform primary healthcare to support better management of patients, particularly in the chronics and complex space. We are trying to make sure that Medicare and primary health care in those broader issues are sustainable into the future. We want to have a look particularly at the complex and chronic care conditions and at whether there are other ways of looking at those. Ultimately, that will look not only at models of care; it will look at the issues between the hospital sector and primary care and it will also look probably at some of the funding mechanisms that currently go to how we pay for services, particularly in that chronic disease space.⁵

2.8 Senator Reynolds then asked the department if PHCAG has a patient-focused review, similar to the NDIS model. Mr Bowles said:

Yes; largely that is correct. If you have a look at some of the models of primary care around the world, some of them are enrolment based and some of them are quite specifically around chronic disease. There are different models. We want to have a look at all of those. A real conversation has started in the broader GP world around the enrolment model for families in GP practices and how you actually come up with funding. I think the one that really sticks out, though, is the chronic disease one. It starts usually with a GP, but it could end up with a physio [sic], some other allied health, someone who just facilitates the care, and a specialist because of certain activities that go on. So you end up with this very complex set of issues.

4 *Proof Estimates Hansard*, 1 June 2015, p. 44

5 *Proof Estimates Hansard*, 1 June 2015, p 50

We currently have things called care plans within the MBS. This is about taking that to another level and actually starting to think broadly about how we handle those patients. I think we will have opportunities to use the primary health networks, to be honest. I think the primary health networks are almost perfect timing for us to trial different ways of looking at this, which ultimately has to be about reducing admissions to public hospitals, because that is not the best way to deal with these people.⁶

Outcome 4 Acute Care

2.9 Questions were asked about the Commonwealth agreement with the Northern Territory on the financing of the Palmerston Hospital. Senator Peris asked the department to respond to claims by the Northern Territory government that an extra \$50 million was needed for the project. Ms Anderson responded:

I am aware that there have been conversations between the Commonwealth and the Northern Territory in relation to this claim and we have looked closely at the claim. We can find no-one in the Commonwealth at a bureaucratic or political level who is aware of any discussion in that regard. We have also sought and received assurances from the Northern Territory government that they will, in fact, build the hospital with the amount available, the \$150 million, and that it is still running on track to achieve practical completion in 2018... There is no knowledge within the Commonwealth of any discussion around \$50 million and the Northern Territory makes its own decisions as to how it is going to deliver the project.⁷

Outcome 3 Access to Medical and Dental Services

2.10 The committee asked about the Child Dental Benefits Schedule. The department was asked to explain how it will work. Ms Anderson said:

It is a fee-for-service which is available to dentists in the public or private sector for provision of services to children between the ages of two and 17 who are rendered eligible by virtue of a range of criteria, including that they are a family receiving Family Tax Benefit A. There is an amount of \$1,000 payable over two years. They obviously accumulate service value up to that cap over the two-year period. It is a benefit schedule, and so there are schedule fees associated with particular service items, dental items. A dentist providing services to a child who is eligible for CDBS claims the scheduled fee for that particular item.⁸

2.11 When asked what the behaviour of dentists will be if the Schedule is frozen, Ms Anderson answered:

We have a very high fee observance among dentists delivering services to the eligible population. In other words, the vast majority bulk bill; 96.5 per cent of services have no out-of-pocket costs now. We do not expect that

6 *Proof Estimates Hansard*, 1 June 2015, p. 51

7 *Proof Estimates Hansard*, 1 June 2015, p. 90

8 *Proof Estimates Hansard*, 1 June 2015, p. 98

there is going to be a significant change by dentists to introduce a copayment by the patient to access those services. Presumably, patients and the families of children will make decisions in relation to where they access care.⁹

2.12 The committee inquired into the removal of the Healthy Kids Check provision. Senator Moore asked whether the department proposal was 'that you would be able to get the full services of what used to be a Healthy Kids Check with another appointment with the GP?'.¹⁰ To which Mr Stuart said:

Yes. You could always take your child to a doctor and use an ordinary GP item, but we would prefer to see parents taking their children to state and territory government child health and maternal services, which are set up with a range of cheques [sic] and are funded by states for doing so and which provide continuity of care over a period of time.¹¹

2.13 Questions were asked about Australian Hearing's proposed privatisation and the committee heard that Minister Cormann announced a deferral of the consideration until late 2015 to allow further consultation, which will involve information sessions with relevant departments in the coming months.¹²

2.14 Senator Moore asked about funding to Cochlear implant processor upgrades. Asked how the amount of funding for Cochlear upgrades was determined, Ms Duffy answered:

The government makes an appropriation every year to Australian Hearing and that is a capped amount of money that goes to Australian Hearing. Australian Hearing has the responsibility under its own legislation to use that money in an efficient and effective way across the different cohorts that are eligible to access that funding. In terms of Cochlear implant processor upgrades, that is a decision that Australian Hearing makes within its funding cap and also in recognition of when clients actually require an upgrade.¹³

Outcome 6 Private Health

2.15 The committee inquired into the discussions of an expression of interest to have commercial operators provide health payments. The department indicated that the discussions have been deferred due to the review of the Medicare Benefits Scheme.¹⁴

9 *Proof Estimates Hansard*, 1 June 2015, pp. 98–99

10 *Proof Estimates Hansard*, 1 June 2015, p. 110

11 *Proof Estimates Hansard*, 1 June 2015, p. 110

12 *Proof Estimates Hansard*, 1 June 2015, pp 117–118

13 *Proof Estimates Hansard*, 1 June 2015, p. 119

14 *Proof Estimates Hansard*, 1 June 2015, p. 124

2.16 The abolition of the Private Health Insurance Ombudsman was discussed. Senator McLucas asked the department what this will mean to PHIO, and Mr McGregor said:

We are co-locating our offices for the Commonwealth Ombudsman and the Private Health Insurance Ombudsman, so we will have a few more staff in the office. It probably will not cause many changes in the short term, but in the longer term we would be expecting to combine our administration with the Commonwealth Ombudsman.¹⁵

2.17 Mr Porter added:

Part of the policy intent of the transition is to generate efficiencies in corporate functions, as has been discussed throughout the day. That is going to be achieved through a very slight reduction in staff and also, as Mr McGregor has outlined, consolidation of corporate functions with the Commonwealth Ombudsman.... There will be a reduction of one staff member.¹⁶

2.18 The committee inquired into the abolition of Private Health Insurance Administration Council and merger with Australian Prudential Regulation Authority. Mr Gath gave the following update:

The arrangement we are working towards at the moment entails the loss of the council, obviously, as the governance body. My position will be removed as well, so I do not go across. Four other staff at various levels with the organisation will be redundant at the time of transition. Once the transition occurs, there will be another group of about five staff who will be attending to what we are calling 'tying up loose ends'—in other words, helping APRA discharge the final reporting and other obligations that are residual elements of the PHIAC period. And then about 18 staff, most of whom are working in prudential supervisory roles, but also policy and legal and other industry facing functions, will be offered continuing employment in APRA.¹⁷

Outcome 2 Access to Pharmaceutical Services

2.19 Senator Di Natale sought clarification of the department's response to the Australian National Audit Office report into the Fifth Community Pharmacy Agreement, noting that the processes for the negotiation of the fifth agreement were not consistent with sound practice. Mr Stuart responded:

...during the negotiation of the Fifth Community Pharmacy Agreement, there was a small group of staff working under considerable pressure in a short time frame who apparently took the view that this was a kind of policy exchange that was occurring with the Pharmacy Guild. I think the audit was very clear in putting that much more inside a purchasing framework. I think what we have learned from that and what Ms McNeill

15 *Proof Estimates Hansard*, 1 June 2015, p. 127

16 *Proof Estimates Hansard*, 1 June 2015, p. 127

17 *Proof Estimates Hansard*, 1 June 2015, p. 130

has very effectively implemented is a set of procedures that are much more tender-like and negotiation-like in their structure than a kind of policy discussion.¹⁸

2.20 Mr Bowles added:

We took quite a bit of notice of the broader issues and that is why we set the stage on 12 February for a meeting with a range of players from RACGP to the AMA, to the guild, to Medicines Australia, to GMiA and to the consumer groups... When you do open things up to have a broader consultation and a broader range of stakeholders, of course, you are going to get people who are not going to be totally happy because they were not met with every second day like some players. But, at the end of the day, this was a much more open and transparent process across a broad range of stakeholders, some of whom had never been involved and some of whom were probably only peripheral to the final outcome. But we were keen to make sure that they were part of a process at that point in time. I will accept that there were 20 different stakeholders, or something like that, that were engaged through this process and not everyone was met with the same number of times, clearly. The Pharmacy Guild, Medicines Australia, GMiA and some of the wholesalers, I suppose, would be the key groups, if you like, and they were front and centre in this arrangement.¹⁹

2.21 The committee asked about the new Administration, Handling and Infrastructure (AHI) fee and what the cost of this will be to consumers. Ms McNeil said:

With the way that the process is structured, around 50 per cent of medicines will cost more under this arrangement and around 50 per cent will cost less. In particular those medicines that are currently valued at \$23.90 will see some increase in their cost to the government, whereas those that are over \$23.90 will actually reduce in cost to the government.²⁰

Outcome 7 Health Infrastructure, Regulation, Safety and Quality

2.22 The implementation of NICNAS reforms were canvassed by the committee. Senator Moore asked what the \$4.2 million over four years will be spent on and Mr Richards replied:

Government has, in the budget process, agreed on the resourcing that NICNAS should have, both to employ sufficient staff to run business as usual as well as to engage in all the consultation and write all the materials and develop all the new processes as well as, obviously, the consultants required and the resources to manage the consultation process.

Part of the reforms also includes the establishment of a new IT system to improve the efficiency of the process. Currently, NICNAS is exempt from the Electronic Transactions Act and we require data on chemicals to be

18 *Proof Estimates Hansard*, 2 June 2015, pp. 4–5

19 *Proof Estimates Hansard*, 2 June 2015, p. 5

20 *Proof Estimates Hansard*, 2 June 2015, p. 10

submitted in paper documents. The government has agreed, as part of these reforms, for us to build an IT system that would allow electronic lodgement of data by companies, electronic registration of companies, electronic payment of their levies and fees through NICNAS. The government has allocated a capital injection to allow us, in the next two years, to build an IT system. The costs of the initial reform activities in terms of the staff and the consultation processes will be recovered from industry during those two years. So the NICNAS levies registration charges will increase in the next two years to pay for the cost of implementing those reforms.²¹

2.23 The Australian Organ and Tissue Donation and Transplantation Authority was asked about donation rates. Dr Opdam provided the following information about potential donor information in Australia:

Collecting data on deaths in Australia to ensure that we understand the potential donor pool and that we can learn where there is potential to change practice and increase donation rates is something that is being done nationally. We conducted the DonateLife audit of deaths in 72 hospitals in 2014. That audit revealed that last year there were only 500 patients who developed brain death and could be organ donors through that pathway. Note that the DonateLife audit captures nearly all brain dead donor potential in Australia in that it captured 96 per cent of that donor pool last year. We have a very good handle on which hospitals have the potential for donation. We review every death so that we understand if there are missed opportunities. Of the 500 potential brain dead donors last year, there was identification and approach to the family to request donation in 98 per cent of them. In 12 instances there was not a discussion with the family, and that was because, for example, the family did not accept brain death or the poor prognosis of their relative, or the treating staff considered the patient medically unsuitable or too old in three cases, or physiologically too unstable to be able to support to the point of organ donation in three cases or various other reasons, including no family contactable or families were threatening staff.

We have an excellent capacity to identify potential donors. Staff are approaching families and ensuring that there is a discussion about donation and that a decision about donation is made. In those 488 patients, there was a 59 per cent consent rate. Obviously in this pool of potential donors in Australia, which is the majority of potential donors, the biggest impact that we could make in gaining additional donors is to increase the consent rate.²²

Outcome 8 Healthcare Workforce Capacity

2.24 The committee inquired into the recent announcements of the Curtin Medical School. Senator Reynolds asked the department if they had been in discussion with the school about encouraging more training positions in the eastern suburbs of Perth and rural and regional areas of WA. Ms Shakespeare responded:

21 *Proof Estimates Hansard*, 2 June 2015, p. 33

22 *Proof Estimates Hansard*, 2 June 2015, p. 49

Yes. We are still at an early stage of those discussions with Curtin. Curtin has voluntarily indicated that it will have intakes of students that are focused on the people from a rural background and outer metropolitan background—around the midlands area in Perth. They have certainly flagged that they would like to participate in the Rural Clinical Schools Program. That is still something that needs to be considered and decided by the government, though.²³

2.25 The Health Workforce Scholarship Program consolidation and administration was discussed, including the Aboriginal and Torres Strait Islander scholarships and the impacts on rural workforce doctors and medical professionals working and living in rural and remote areas. When asked why the department is consolidating the scholarships, Ms Shakepseare said:

First of all, it is to allow greater flexibility in the direction of scholarships to workforce planning data and projections, so that we can respond to the work that the department now does in projecting expected shortages and over-supplies in health workforces. We can then target resources at those we expect to be in undersupply. Also, the change to the scholarship program is going to introduce a rural return of service for most of the scholarship recipients under the new program. It will also reduce administrative costs associated with having a lot of smaller scholarships programs by having a single administrator.²⁴

Outcome 1 Population Health

2.26 Senator Moore asked the department questions on the recent TV advertising campaign to prevent drug use of ice. The department was asked what research had been done about the effectiveness of this tool, and Mr Davey said:

We did conduct research to inform development of the campaign and we have of course conducted evaluation research on earlier campaigns we have run on ice and other drugs. The research we conducted earlier this year specifically to inform the development of the current campaign did show us that the advertising being proposed—which is now being used—was seen as highly credible and likely to be effective in reaching the target audiences. For this campaign, that includes young people, parents of young people—about age 14 to 17—and young adults who are at high risk of being exposed to drug use, particularly ice. The research showed clearly that the proposed advertising material was highly likely to be effective. That is consistent with previous campaigns we have run.²⁵

2.27 The committee sought an update on the Hepatitis A outbreak from frozen berries and asked questions about the review process underway. Professor Baggoley provided the following update:

23 *Proof Estimates Hansard*, 2 June 2015, pp 71–72

24 *Proof Estimates Hansard*, 2 June 2015, p. 74

25 *Proof Estimates Hansard*, 2 June 2015, pp 98–99

As at late last week, 29 May, there have been 33 notified cases of hepatitis A virus infection, 14 from Queensland, 11 from New South Wales, four from Victoria, two from WA and one each from South Australia and the ACT. They had all consumed Nanna's frozen mixed berries. Twenty-eight of the 33 cases were found to be genetically identical, indicating a common source. All these had hepatitis A and all had eaten Nanna's berries. Of the five that were not genetically identical, one had a different sequence and it was felt almost certainly that they had obtained their infection overseas. Two had different sequences, and different from each other, but had not travelled, therefore thought to be locally acquired from other sources. Two were unable to be genotyped as they were diagnosed on serology only. That brings it up to the 33.

Testing of food is said to be an unreliable way to detect the virus, because it is not so easy to find, but testing confirmed evidence of the hepatitis A virus at trace levels from a sealed packet of the product and the outbreak strain was also confirmed in an open packet retained from a case. The only other thing to report is that, on 24 March, given the number of cases had certainly levelled off, you will recall there was discussion at last estimates about the activation of the National Incident Room; I deactivated it at that stage, and there have been no further cases since.²⁶

Outcome 10 Sports and Recreation

2.28 Senator Peris asked ASADA about the costs that have arisen so far as a result of the Essendon and Cronulla investigations. ASADA confirmed their forecasted operating loss will be \$750,000 and that the legal costs to date are \$3.9 million.²⁷ When asked what assistance was being provided to World Anti-Doping Agency, Mr Burgess replied:

ASADA is supporting WADA with support in kind. We have provided two lawyers for a small period of time to brief WADA, and WADA's legal representatives, to hand over the full brief of evidence. At the moment that is a couple of weeks work for two senior lawyers. And we have, at this stage, agreed with WADA to contribute a capped amount up to US [\$100,000].²⁸

2.29 Senator Xenophon asked whether the department will investigate allegations around a Football Federation Association payment that was made to the Confederation of North, Central America and Caribbean Association Football. Mr Stuart said:

I think we will need to see what comes out of the current investigations. We will cooperate very fully with whatever investigations take place. Mr Reid I think has appropriately said that we will look at and rely upon anything which is produced. But, at this particular moment, there is no chain of funding or chain of control between the federal government funding and the

26 *Proof Estimates Hansard*, 2 June 2015, p.104

27 *Proof Estimates Hansard*, 2 June 2015, p. 115

28 *Proof Estimates Hansard*, 2 June 2015, p. 115; A letter of clarification received from ASADA indicated that the capped amount was \$100,00 not \$50,000 as originally stated.

money which was misplaced into Mr Warner's account—there is no link there.²⁹

Chapter 3

Human Services Portfolio

Department of Human Services

3.1 This chapter contains key issues discussed during the 2015–2016 budget hearing for the Human Services portfolio.

3.2 Areas of the portfolio and agencies were called in the following order:

- Australian Hearing
- Whole of Department—Corporate Matters

Department of Human Services

3.3 Senator Cameron discussed call waiting times for Centrelink customers and the ANAO audit report *Management of Smart Centres' Centrelink Telephone Services* that examined this matter. When asked to give an overview about the new computer system that is being developed to offset wait times, Ms Campbell said:

The largest number of calls we have is families and parenting, at 6.6 million, compared to the next closest one at three million. Many of those customers are not customers of other services. Many of those customers are family tax benefit customers who may be in employment and may have regular interaction with digital services. So our strategy is to try and get as many of those customers onto digital services as possible so that we can free up this very popular service and this very popular channel. We are constantly looking at channel management. The new ICT system is very important in that, so that we can get best practice, really good digital products to the market, so that customers are able to use those and want to use those and will stick with those channels, rather than going back to telephony.¹

3.4 In relation to Centrelink's telephone wait times, the Chair asked about the number of blocked calls—where customers receive an engaged tone. The department said that in response to customer feedback, they have been trying to reduce the number of blocked calls. Mr Tidswell provided the following update:

You can clearly see there the reduction in blocked calls from 2010-11, from just under 40 million down to 13.7 million last financial year. So we have been quite active in literally weaning ourselves off using blocking as a way in which to control average speed of answer. It is about a 66 per cent reduction in call blocking.²

1 *Proof Estimates Hansard*, 3 June 2015, p. 20

2 *Proof Estimates Hansard*, 3 June 2015, p. 26

3.5 When asked what modules are being built to improve Smart Centres' wait times, Ms Campbell answered:

As the minister has said, if we could have systems which are able to be used by customers from start to go, a system that could tell them where their claim is up to. We get a lot of calls from people who say, 'Where is my claim up to?' They are told that claims will take a certain period, but they might ring quite regularly to find out where their claim is up to. If we have a system that tells them where their claim is up to, that it has gone through, they have got the information and we expect it to be X days, we are hopeful that that will reduce the number of calls coming into our smart centres.³

3.6 The department provided an update on the Welfare Payments Infrastructure Transformation Program (WPIT), which is replacing the old Centrelink ICT system. The Chair asked the department to explain what the initial \$60.5 million in funding was being used for. Mr Shepherd said:

The allocation of funds is specifically for what we call tranche 1 of the program. The major focus, as you can imagine in a program like this, of tranche 1 is procurement activity. So we need to do all the preparatory work around the procurement, we need to engage in the procurement and we need to execute on the procurement. So it is a significant piece of work. Also, as you can imagine in a multi-year program of this size and scale, there is a significant amount of activity to set up the actual program—governance structures, stakeholder engagement structures, risk management structures. All of that work will occur during tranche 1 as well. The figures we touched on before. During tranche 1 there will also be some delivery that occurs. One of the lessons we learned from a range of large transformation programs is that you have to get on and deliver as well as rebuild the systems. So we will deliver a range of digital enhancements during tranche 1 of the program—the Secretary touched on one of those enhancements—and that is, when people submit digital claims or digital transactions, they want real-time feedback about where they are at. Minister Morrison has talked about the Domino's pizza wheel. When you order the pizza, you see that your order has been submitted, you see when someone is cooking it, you see when it is being delivered. Lo and behold—you look out of your lounge window because it is telling you, 'It's here'.⁴

3.7 Further questions on WPIT were asked, including about fraud protection, easing of compliance burdens and the benefits of staff. The Chair asked the department what is being built into the system to protect customer privacy, to which Mr Shepherd responded:

The new system will be built in a way that complies with the government's obligations under privacy legislation as it is today. One of the key, I guess, enhancements around privacy has already started with the development of the Migo program where consumers actually, on a consent basis, drive what

3 *Proof Estimates Hansard*, 3 June 2015, p. 32

4 *Proof Estimates Hansard*, 3 June 2015, pp 37–38

they want to link to. That will be an ongoing feature of the digital journey where, on an ongoing basis, consumers, who are walking with their fingers, want to link the way they do business. But, in terms of privacy, the program will be subject to not only the privacy provisions but also the secrecy provisions and it also will be guided by security policies on how personal information is collected, stored and used. There is nothing unique in that regard.⁵

3.8 Senator Cameron asked questions about the \$1.7 billion in savings over the forward estimates with improvements to compliance measures. The department said that this was largely from undeclared income, which was determined by matching the department's data to that of the Australian Taxation Office.⁶ The committee was told that the cost of this measure was 'in the order of \$173 million over four years'.⁷

3.9 When asked by Senator Cameron why these measures were not done before, Ms Golightly replied:

The tools that we have had to investigate these particular cases have been very manual based, and we have been doing some. But what this measure does is give us better tools to be able to do those investigations quickly and more efficiently.⁸

3.10 Senator Xenophon asked the department questions relating to the Child Support Agency, in relation to fraud in the assessment process. The department took a number of questions on notice, and in responding to a question about the protocols of handling allegations, Mr Volkers said:

There are a number of mechanisms in the Child Support Scheme. One of the most basic, fundamental ones is that there are two parents always involved in this process so the scheme itself has an almost built in checks and balances mechanism. Many of the issues that are raised by one party will be checked with the other. For example, it might be a change in care so one person will notify us of that change in care. We talk to the other party to check that. Then if there is a dispute we gather evidence and make a decision. That is analogous to a lot of the processes that happen in the Child Support Scheme.⁹

5 *Proof Estimates Hansard*, 3 June 2015, p. 41

6 *Proof Estimates Hansard*, 3 June 2015, p. 46

7 *Proof Estimates Hansard*, 3 June 2015, p. 46

8 *Proof Estimates Hansard*, 3 June 2015, p. 45

9 *Proof Estimates Hansard*, 3 June 2015, p. 49

3.11 The committee inquired into the current enterprise agreement negotiations, which formally began on 3 June 2014. The department told the committee that 36 meetings and two offers have taken place since then in relation to the bargaining.¹⁰ Senator Reynolds asked what the key elements of the February offer were, to which Ms Talbot answered:

The February pay offer was for a total general pay increase of 4.15 per cent over three years, which average out at about 1.4 per cent per year. It was headlined by a general pay increase in 2015 of 1.5 per cent, 1.5 per cent in 2016, and 1.15 per cent in 2017, which provides the total of 4.15 per cent. The other element was salary advancement for the three years of 0.5 per cent, which meant a total of 1.5 per cent salary advancement for those staff eligible to receive it.¹¹

3.12 Senator Cameron asked the department to outline what the calculations of the February offer were in terms of money that will flow from the employees back to the department. In a series of responses Ms Talbot answered:

For the increase in working hours the productivity saving was approximately \$95 million.... Reducing the accrual of personal carers leave was \$2.1 million... Reducing incremental salary advancement was \$76 million... The workforce reprofiling target was \$38 million... Changing the eligibility for higher duties was \$6 million... And reducing the preparation of pack-up time was \$18 million... The total productivity figure is approximately \$238 million.¹²

3.13 Senator Reynolds asked the department for an update on the industrial action that has taken place since the last estimates. Ms Talbot said:

Since last estimates, we have had two periods of industrial action. The first period was from 30 March to 10 April. We received a notice of industrial action every day from 30 March up until 10 April. The notice identified five identical actions: coordinated lunchbreaks for the whole department, ban on the use of auxiliary codes, which are codes that indicate an individual is following their planned schedule for a particular day by staffing scheduled environment, bans on wearing the corporate uniform—that is only for those staff who are in face-to-face customer service, providing customers with CPSU verbal authorised statement for staff receiving inbound calls, and providing customers with a CPSU written authorised statement which was only at 26 sites. This period included two double lodgement periods¹³, two public holidays over the Easter break, school holidays, and we had very high leave ceilings, given the time—

10 *Proof Estimates Hansard*, 3 June 2015, p. 61

11 *Proof Estimates Hansard*, 3 June 2015, p. 62

12 *Proof Estimates Hansard*, 3 June 2015, pp 70–71

13 Double lodgement days occur when is to report their earnings on a public holiday and must instead lodge them on the business day before the public holiday. There will be twice the number of lodgements expected on those dates.

3.14 The committee discussed the Government's announcement on 22 May in relation to Centrepay and the new criteria for consumer leases. Senator Cameron asked the Minister why the Government did not ban the lease-buy operations. Senator Payne replied:

We have made the decision in relation to the indefinite consumer leases, the indefinite unregulated consumer leases and the less than four months consumer leases to exclude those. We have increased the options, as I mentioned earlier. In making that decision, and in my discussions with the Assistant Treasurer, I have also had stakeholders put it to me that the sorts of consumer leases that we are talking about still do play a role for a certain cohort of Centrelink customers. I have had this discussion, for example, with the National Welfare Rights Network who made this observation in their submission to the Centrepay review which the previous government instituted. They still hold that view, for example. Some of our colleagues who represent some of the more remote areas of Australia remain concerned that families who do not have access to any other sort of credit, because of their financial situation and their status as a Centrelink customer, still are quite limited in their options in what they can access. So the option of consumer leases in the regulated sense remains important for them.

That is not to say, though, Senator Cameron, that I do not appreciate some of the concerns that you have raised, and obviously people speaking to you have raised, and in fact have been raised directly with me. I intend to continue working with the Assistant Treasurer to try to identify ways that we can ensure that our customers are as well informed as possible. We have already made changes to the presentation on our website, so you can see the ASIC link, the MoneySmart link, to make those assessments. We have been speaking about training our staff in this area about exposing our customers to information about other options, including no- and low-interest loans and so on. I am just hesitant at this point in time to completely cut off that option. I do intend to follow it up further with the Assistant Treasurer.¹⁴

Chapter 4

Social Services Portfolio

Department of Social Services

4.1 This chapter outlines key issues discussed during the 2015–2016 budget estimates hearings for the Social Services Portfolio.

4.2 Areas of the portfolio were called in the following order:

- Cross Outcomes/Corporate Matters/Grant Programs
- Housing
- Families and Communities
- Social Security
- Ageing and Aged Care
- Aged Care Quality Agency
- Disability and Carers
- National Disability Insurance Agency

Cross Outcomes/Corporate Matters/Grant Programs

4.3 The committee inquired into the department's recent grants process, for which there is currently a Senate inquiry. There was a discussion about the bridging funding for Emergency Relief, the gap analysis being undertaken by the department and the new IT system.¹

4.4 Questions were asked about the new premises being built at Tuggeranong, for which the contract was signed on 18 March. The committee heard that it will house 2,500 staff, is expected to be completed by August 2017 and approximately 350 car parks.² The Chair asked 'how does the estimated cost of the rent, lease and related outgoings for the first 12 months compare to the last 12 months of the existing lease?'³, to which Mr Broadhead said:

We are expecting to spend about \$7 million less per annum, so in the first 12 months of the new lease than we would spend in the last 12 months of the old lease. That is substantially rent but it is also due to the difference in the nature of the lease. The lease for the building we are currently in at Tuggeranong is what is known as a triple net lease, so we pay a number of costs under that lease that we will not have to pay under what is known as a gross lease for the new building.⁴

1 *Proof Estimates Hansard*, 3 June 2015, pp 81–96

2 *Proof Estimates Hansard*, 3 June 2015, pp 97–99

3 *Proof Estimates Hansard*, 3 June 2015, p. 98

4 *Proof Estimates Hansard*, 3 June 2015, p. 98

4.5 Senator Moore asked for an update on the current enterprise bargaining. The department was asked whether in the bargaining they have taken into account the Government's proposed changes to legislation on paid parental maternity leave. Ms McKinnon responded:

Currently eligible DSS employees with 12 months' continual service have access to 12 weeks' paid maternity leave through the Maternity Leave Act 1973. Employees may also access the government's PPL scheme, if eligible. Under various enterprise agreements that we currently have there are employees who can access additional support above that allowed for, including an additional two weeks' paid maternity leave; 14 weeks' adoption, fostering or permanent care leave; up to 12 months' unpaid parental leave with the possibility of a further 12-month extension; and two to four weeks of supporting partner leave depending on the enterprise agreement that they are currently covered by. The government's PPL scheme is 18 weeks' payment at the minimum wage. That is a long-winded way of saying if employees are eligible and the arrangements under the various EAs do not bring them over the PPL entitlement then they would be eligible for that.⁵

Outcome 4 Housing

4.6 The committee asked how the new focus on domestic violence in the National Partnership Agreement on Homelessness will be implemented. Mr Scott replied:

The Commonwealth funds the structure of the National Partnership Agreement on Homelessness to \$115 million per year, which is then matched by the states and territories. The states and territories then have the responsibility to identify area service providers and geographic footprint for service delivery...Minister Morrison identified as two priority areas homelessness arising from domestic and family violence, and youth homelessness. We are currently in negotiations with the states on the new agreement, including how that particular aspect of the Commonwealth's commitment will be implemented. We are proposing that at least 50 per cent of Commonwealth funding be prioritised to servicing those client groups.⁶

4.7 Senator McLucas inquired into the National Rental Affordability Scheme and issues related to compliance and fraud. The committee heard there are 26, 469 dwellings currently in the scheme.⁷

5 *Proof Estimates Hansard*, 3 June 2015, p. 102

6 *Proof Estimates Hansard*, 3 June 2015, p. 136

7 *Proof Estimates Hansard*, 3 June 2015, p. 140

Outcome 2 Families and Communities

4.8 The committee inquired into the proposed changes to the Paid Parental Leave scheme. Ms Bennett provided the following summary on women who will be affected by the measures:

There are about 308,000 babies born in Australia each year to about 304,000 mothers. Of the current PPL scheme, about 47 per cent of new mothers are eligible for PPL... Of that 47 per cent that receive the PPL, 53 per cent, which is about 90,000 women, will be unaffected by this measure as they do not have access to employer-provided maternity leave. Of those, about eight per cent work in the public sector and 92 per cent work in the private sector and their median income is around \$39,000 per year.

Of that 47 per cent that do receive PPL, about 20 per cent who would have previously been eligible will no longer be eligible, that is, around 34,000 women, because they have access to employer-provided maternity leave valued greater than the full PPL of about \$11½ thousand. Of those women, 61 per cent work in the public sector and 39 per cent work in the private sector and their median income is around \$73,011 per year. These are their incomes. These are not family-based incomes.

Of the 47 per cent of those mothers that will receive a partial PPL, once the measure is introduced, 27 per cent of previously eligible mothers, which is around 45,000 women who have access to employer-provided maternity leave, which is valued less than the full 18 weeks at the national minimum age, will be eligible to receive a top-up, a partial PPL payment. About 38 per cent of them work in the public sector and 62 per cent work in the private sector. Their median income of these women is \$43,000 per year.⁸

4.9 Senator Moore asked about the national awareness campaign being developed for violence against women between the Commonwealth and states and territories. The committee heard that the Commonwealth has committed \$15 million, which has been matched by the states and territories and that the particular focus of the campaign has not yet been determined.⁹

4.10 The committee sought clarification on the removal of the vulnerable social worker assessments carried out in relation to income management. The committee heard that this measure will save the department \$4 million over two years.¹⁰ In discussion, the committee heard that 'these were an intensive assessment by the social workers and the feedback we [the department] received was that it detracted from the more broad support that they would wrap around and provide, because it is a tool that they had to complete in a particular way'.¹¹ Mr Johnson added:

8 *Proof Estimates Hansard*, 4 June 2015, p. 28

9 *Proof Estimates Hansard*, 4 June 2015, p. 40

10 *Proof Estimates Hansard*, 4 June 2015, p. 44

11 *Proof Estimates Hansard*, 4 June 2015, p. 44

...the vulnerable welfare recipient measure of income management stays in the legislation. But underneath that, as you will know, there are auto youth triggers and a range of other classes of person listed by legislative instruments that could be automatically placed on that vulnerable measure of income management. In addition, there is a discretion for a social worker to place someone onto the compulsory vulnerable measure of income management if they assess the person is at risk of financial crisis. We are just taking out the social worker assessment making those referrals to that measure. The reason is that the numbers of people being placed on that measure by social workers over a number of years have been very low. They have been captured by a range of other measures, including people who, in their conversations with social workers...decide to volunteer for income management at that point rather than through a compulsory referral.¹²

4.11 The committee also discussed the trial of the Healthy Welfare card. The department gave evidence that \$2.7 million in the budget was allocated to further consultation and testing of the feasibility of the card.¹³ When asked about the extent to which communities will be consulted in the process, Mr Pratt said 'it is my strong expectation that there will be widespread consultations in communities'.¹⁴ The department indicated that products that are being considered for exclusion from purchase under the trial include alcohol, gambling and drugs.¹⁵

4.12 There were questions on the proposed changes to child care. Senator Smith asked for an explanation as to how the new policy will address inflationary pressures. Mr Pratt gave the following answer:

Under the current system, it is obviously not counterbalancing particularly well. The design features of the new system will, I think, have considerable benefits in this area, particularly with the new fee arrangements, where there is a tapering scale from 85 per cent of the scheduled fee down to 50 per cent, based around family income. That should put a lot of downwards pressure on price increases for childcare.

4.13 Ms Wilson continued:

In addition to what the secretary was just saying, there is also an hourly fee cap. What we are proposing is a fee cap as well as a subsidy. By setting a cap we are saying to the market that these are reasonable prices for you to pay for long day care, family day care or outside-school-hours care and that you will get a subsidy, for example, 85 per cent, up to that, but if you are actually paying higher than that you should be looking around at what you

12 *Proof Estimates Hansard*, 4 June 2015, p. 45

13 *Proof Estimates Hansard*, 4 June 2015, p. 50

14 *Proof Estimates Hansard*, 4 June 2015, p. 54

15 *Proof Estimates Hansard*, 4 June 2015, p. 58

are being charged, because we think you are being charged more than you should be.¹⁶

4.14 In discussions about the work-study-training test for childcare, the department confirm that types of volunteering will be taken into account and so will the inclusion of travel time.¹⁷ Mr Pratt explained:

The question is the extent to which the volunteering activity is actually going to contribute to enhancing someone's capacity to participate into the future, particularly in the workforce. Lots of volunteering activities are actually very helpful in doing that. But there might be some things in the grey areas at the edges of what can be construed as volunteering.¹⁸

4.15 The committee discussed the proposed policy to create an hourly fee cap for the childcare rebate. When asked how the proposed measures will constrain the market, Mr De Silva said:

...because families will always have an out-of-pocket cost; if you get the maximum rate, you will have to pay 15 per cent, and 85 per cent will be covered; if you are a higher income earner, 50 per cent will be covered up to the annual cap, per year, per child. So it really is the market factors that would, depending on the profile of the families that you have, influence what prices you may or may not increase.¹⁹

4.16 Mr Pratt added:

...for those who are charging above the hourly fee cap rates the signal would be strongest; but even for those charging below it there is still going to be a contribution from the families, either at the minimum of 15 per cent for those who are at a lower income, or 50 per cent for those who are at a higher income. So there will always be a signal for them to try and keep their prices lower to compete with others—acknowledging that different labour markets will operate in different ways, those parameters will continue to operate to put downwards pressures on price increases.²⁰

Outcome 1 Social Security

4.17 Changes to the Family Tax Benefits were examined including the modelling done by the National Centre for Social and Economic Modelling. The key budget initiatives were outlined by Ms Wilson:

The limit of FTB part B to families with a child under age six, which is a change from 18; the maintenance of FTB payment rates for two years—they will not be indexed; the reduction of FTB end-of-year supplements to the original 2004 values of \$600 for an FTB part A child and \$300 for an FTB family—you know what their changes are there: \$726.35 per FTB part

16 *Proof Estimates Hansard*, 5 June 2015, p. 16

17 *Proof Estimates Hansard*, 5 June 2015, p. 26

18 *Proof Estimates Hansard*, 5 June 2015, pp 26–27

19 *Proof Estimates Hansard*, 5 June 2015, p. 37

20 *Proof Estimates Hansard*, 5 June 2015, p. 37

A child and \$354.05 per family for FTB; and the freeze on the eligibility thresholds for family tax benefits for three years.²¹

4.18 The proposed changes to the pension were discussed. The committee heard that 88 per cent of pensioners will not be affected, while four per cent will benefit and eight per cent will be adversely affected.²²

4.19 The department provided detail on the drawdown amounts of different groups that would be required to make up for the loss of the part rate pension, broken down by single homeowner, single non-homeowner, couple homeowner and couple non-homeowner.²³ It was noted that the maximum drawdown required would be 1.84 per cent of their assets.²⁴ Mr McBride clarified:

This does not look at the income growth of your asset. It just says from your asset base you would have to draw down this amount. It may well be that the income that your asset earns exceeds that.²⁵

4.20 Ms Wilson further explained:

That is based on a total asset value, noting of course that it is assets in addition to their family home where they are a homeowner.²⁶

Outcome 3 Ageing and Aged Care

4.21 The committee received an update on the Dementia and Aged Care Services Fund and the review into dementia services. In discussing how the Government is going to better support dementia patients, the department confirmed that applications have been opened for the severe behaviour response teams. Ms Smith said:

Applicants will have I think six weeks to put in their submissions, and then we will go through a process of evaluating those and making decisions. In terms of the dementia strategy, as Ms Moody said, there is a significant investment by the department in dementia programs...We are working very closely with stakeholders to ensure that in moving forward we are targeting our dementia investment in the most effective way possible.²⁷

Outcome 5 Disability and Carers

4.22 The NDIA received questions on the My Way Trial and the Federal Court ruling on the Business Services Wage Assessment Tool and associated proposed legislation. Senator McLucas asked 'what work is being progressed to ensure that

21 *Proof Estimates Hansard*, 4 June 2015, p. 74

22 *Proof Estimates Hansard*, 4 June 2015, p. 94

23 *Proof Estimates Hansard*, 4 June 2015, p. 87

24 *Proof Estimates Hansard*, 4 June 2015, p. 87

25 *Proof Estimates Hansard*, 4 June 2015, p. 87

26 *Proof Estimates Hansard*, 4 June 2015, p. 88

27 *Proof Estimates Hansard*, 4 June 2015, p. 117

NDIS will link with disability employment services and with ADEs?²⁸ The response from Senator Fifield was:

The disability employment service contracts, as you probably are aware, expire in March 2018. We have kicked off a round of consultations about what might be a better model and for delivering the DES. As I touched on the other night, we spend about \$1 billion a year on 150,000 participants. Only one-third are placed in work. We probably all agree there is the capacity to and the need to do better. The expiry of those contracts at that time is fortuitous because it gives us the opportunity to see whether we can more closely align the supports with NDIS supports for those people who are participants in both systems. One of the things we will be looking at, for instance, is whether some part of the DES money should be attached to an individual for them to deploy as they think best to support their preparation and readiness for going into work...When we are looking at DES it is important to recognise that the bulk of people who are DES participants will not be NDIS participants. So we need something that works for both cohorts...²⁹

4.23 Mr Bowen continued:

...we have been running a pilot in Tasmania for the young adults, which has [sic] been a cooperative between the agency, the department and local DES providers and, indeed, the Tasmanian government.³⁰

4.24 Ms Skordis added:

That has been very positive about understanding an approach which considers an individual, particularly at the age of leaving school, and how we can transfer the best quality information from the education system and support making a decision about which pathway is most appropriate for a person so that they do not have to knock on several different [doors] and as a collaboration people come together and can guide that process.³¹

Senator Zed Seselja

Chair

28 *Proof Estimates Hansard*, 4 June 2015, p. 133

29 *Proof Estimates Hansard*, 4 June 2015, p. 133

30 *Proof Estimates Hansard*, 4 June 2015, p. 133

31 *Proof Estimates Hansard*, 4 June 2015, p. 134

Appendix 1

Departments, companies and agencies that appeared before the Committee¹

Social Services Portfolio

- Department of Social Services (DSS)
- Aged Care Quality Agency
- National Disability Insurance Agency (NDIA)

Health Portfolio

- Department of Health (DoH)
- Australian Organ and Tissue Authority
- Australian Sports Anti-Doping Authority (ASADA)
- Australian Sports Commission (ASC)
- Food Standards Australia New Zealand (FSANZ)
- Independent Hospital Pricing Authority
- National Blood Authority
- National Health and Medical Research Council (NHMRC)
- National Industrial Chemicals Notification and Assessment Scheme (NICNAS)
- National Mental Health Commission
- Private Health Insurance Ombudsman
- Therapeutic Goods Administration

Human Services Portfolio

- Department of Human Services (DHS)
- Australian Hearing

1 This document has been prepared based on the Department of Finance's *Flipchart of Commonwealth entities and companies* under the *Public Governance, Performance and Accountability Act 2013* as at 13 March 2015, http://www.finance.gov.au/sites/default/files/pgpa_flipchart.pdf?v=1

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