

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000516	6 - Ageing and Aged Care	Polley, Helen	ALP	High-Care Nursing homes - Staffing	Senator POLLEY: We can move on, then, because there is a lot to cover. The New South Wales government recently voted against restoring the state based legislation that requires one registered nurse on duty at all times in high-care nursing homes but would refer the matter to COAG. What discussions has the department had with the New South Wales government about this? Dr McCarthy: I am not aware of any specific discussions with the New South Wales government on that issue. I know it has been referred to COAG. Senator POLLEY: So you will take it on notice? Dr McCarthy: We can take that on notice. Mr Bowles: I know it has been discussed at COAG or released at AHMAC. I do not think it has actually yet gone to the COAG Health Council. I could be wrong. But we will take that on notice.	100 - 30/05/2017
SQ17-000517	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Nurses on 457 visas	Senator POLLEY: Can you provide the total number of aged-care nurses that are in the country on 457 visas. Ms Rule: I would have to take that on notice. I am not aware that we have that data but I can have a look. Dr McCarthy: I think we might have been asked a similar question before and I am not sure we were able to obtain that, but we will take it on notice. Senator POLLEY: And if you can take that on notice, it would be helpful to have that broken down into the aged-care planning regions. Obviously, there are some areas in the country, such as remote and regional areas, where they would struggle to get registered nurses, more so than somewhere in the capital cities. Dr McCarthy: We can take that on notice.	101 - 30/05/2017
SQ17-000518	6 - Ageing and Aged Care	Macdonald, Ian	LP	Aged care facilities staffing	Senator IAN MACDONALD: I am conscious that there was a Senate committee inquiry into staffing in aged-care facilities, so I do not want to waste too much time on that because we have a lot to get through. But are you conscious of difficulty in attracting staff to some rural and remote areas? Dr McCarthy: Yes, we are aware of that. I am not sure whether you were here when Ms Rule mentioned that we know that some providers in some areas do have difficulty attracting staff. Senator IAN MACDONALD: Is that something the government can do anything about? Dr McCarthy: In rural and remote areas, depending on the location, there is a viability supplement for residential aged care. That is an additional amount of funding that is made available to qualifying services. Senator IAN MACDONALD: An additional payment? Dr McCarthy: That is an additional payment for qualifying services. There is something called the modified Monash model which, depending on location, it is determined whether a service qualifies. That is an additional amount of funding that can assist providers. We know that, particularly in remote areas and in some rural areas, there are a range of additional challenges that providers face. Senator IAN MACDONALD: Do you have any data on what parts of Australia experience more difficulty than others? Do you keep that sort of data? Ms Rule: We would have to take it on notice.	102 - 30/05/2017
SQ17-000519	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Mr Bowles: In the context of the last COAG Health Council meeting, I would say about two months ago or maybe even longer. I would have to go back and check the exact date. But in the preparatory work around what we were taking forward under the national health reform working group, that was one of the items and he asked for that to be removed from the paper. That would have been about at least two months ago, I would say. I can get the date. Senator WATT: Could you ideally by the end of today come back to us about that? Mr Bowles: Yes, I will get the date.	5 - 29/05/2017
SQ17-000520	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	You are taking on notice the date that he instructed you to rule it out? Mr Bowles: It was some time in March. I cannot remember the exact date. Senator WATT: Early March or mid-March? Senator Nash: As he said, we will take it on notice and get back to you. Mr Bowles: We will get the date, but some time in March there was a COAG Health Council meeting and it would have been probably in the week before that meeting, whenever that was.	7 - 29/05/2017

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SQ17-000521	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Have there been any more meetings of this task force since 28 March? Mr Bowles: I think so, but I cannot remember when. Senator WATT: When have those meetings occurred? Mr Cormack: There was a meeting about two weeks ago. Senator WATT: Is that the only meeting that has occurred since 28 March? Mr Cormack: I believe so, but I will check the diary.	9 - 29/05/2017
SQ17-000522	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Mr Bowles: Senator, can I finish? At that particular meeting, I made a statement up-front as a participant that said: this is not Commonwealth government policy. Senator WATT: Which meeting did you do that at? Mr Bowles: I cannot remember; I will have to think about that one. Senator WATT: You were not at that most recent meeting, I think you said, Mr Bowles. Mr Cormack: Can I just clarify the second meeting?	11 - 29/05/2017
SQ17-000523	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator DI NATALE: I am putting this, Minister. I just want to go to the question of the tender. I want to establish the time line. We had the federation reform paper, which raised the prospect of the hospital benefit. As we have said, it is a bit like a Medicare benefit, an item number for patients in hospitals. Then it seems that the department engaged in a tender to recruit Global Access Partners; is that correct? Mr Bowles: Yes. Senator DI NATALE: When did that tender occur? Mr Cormack: I will have to check the records for that. I do not have the document in front of me, but I can— Senator DI NATALE: Can you give me a rough timetable? Mr Cormack: It would have been probably towards the end of 2015, possibly early 2016, but I will need to get— Senator DI NATALE: That is fine. I will wait for that. Who participates in that? Obviously, Mr Bowles and Mr Cormack, you are both participants. Who else? Mr Bowles: Consumers; insurers; hospitals, both public and private. Senator DI NATALE: Can you give us a full list of the participants? Mr Cormack: I will need to take that on notice, because we do not actually control those particular documents. But the secretary is right: it picks up people representing private hospitals, the insurance sector, consumers, state governments, territory governments and the Commonwealth. But I do not have the records in front me. Senator WATT: Senator Di Natale, I can help you out here. I also can table a copy of the minutes of the second meeting of this GAP task force, and that occurred on 14 September 2016. That at the very back does include a list of participants in that task force.	12 - 29/05/2017
SQ17-000524	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Could you table those minutes please? Mr Bowles: You do not have those? Senator WATT: I do not have those. Mr Bowles: We can table those minutes.	15 - 29/05/2017
SQ17-000525	0 - Whole of Portfolio	Smith, Dean	LP	National Health Reform Working Group	Senator SMITH: The first meeting of the GAP task force on hospital funding was when, what date? Mr Bowles: I would have to take that on notice, but it was— Senator SMITH: That is a bit disappointing because— Mr Bowles: 2016. Senator SMITH: Most of us read the clips at 2 am et cetera. Mr Bowles: It was some time in 2016. I do not have all the dates. Senator SMITH: There are 12 months, 365 days. Mr Bowles: Yes, I understand that. Senator SMITH: Just to assist me, early or late 2016? Mr Bowles: There probably would have been one earlier in the year. It probably only met every four or five months; I cannot recall. There have not been that many meetings. If the second one was in December of last year, the first one might have been six months before that. I would have to take that on notice.	16 - 29/05/2017
SQ17-000526	0 - Whole of Portfolio	Smith, Dean	LP	National Health Reform Working Group	Senator SMITH: Could you just read out what you said at the March meeting again? Mr Bowles: This is one sentence out of a statement I would have made. I would have to go back and think about it. Senator SMITH: You can produce all those minutes? Mr Bowles: Can we take that on notice? This one has scribble all over it but we will get that to you. It is: The Commonwealth hospital benefit is not government policy and there is no intention to formally progress the idea, although GAP is welcome to undertake informal analysis.	18 - 29/05/2017

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SQ17-000527	0 - Whole of Portfolio	Di Natale, Richard	AG	National Health Reform Working Group	<p>Senator DI NATALE: Where you detail 'hospital episode, indicative example', there is note 1: 'assumption that the hospital benefit is 35 per cent of the national efficient price'. Why did you select 35 per cent? Mr Cormack: I will have to check the basis for that. Senator DI NATALE: But that represents a reduction on what is currently spent. Mr Cormack: Yes. I will have to check why that assumption was taken. Senator DI NATALE: This is very significant because I asked you this question earlier and you said that there was not anything that indicated a reduction in the Commonwealth expenditure to our public hospital system. Yet you have given a presentation to this group with the assumption that Commonwealth spending would be reduced and set at 35 per cent. Mr Bowles: I am sorry; that page is actually talking about private hospital episodes, and it talks about current and future being exactly the same. Senator DI NATALE: I point you to note 1: 'assumption that the hospital benefit is 35 per cent of the national efficient price'. Mr Bowles: In the context of the whole slide being private hospital episode indicative— Senator DI NATALE: But that is still a reduction. Mr Cormack: No, it is not. We do not pay private hospitals that way any more— Senator DI NATALE: So why have you chosen 35 per cent? Mr Cormack: I will have to check the underpinning assumptions of the model—</p>	25 - 29/05/2017
SQ17-000528	0 - Whole of Portfolio	Di Natale, Richard	AG	National Health Reform Working Group	<p>Senator DI NATALE: Where you detail 'hospital episode, indicative example', there is note 1: 'assumption that the hospital benefit is 35 per cent of the national efficient price'. Why did you select 35 per cent? Mr Cormack: I will have to check the basis for that. Senator DI NATALE: But that represents a reduction on what is currently spent. Mr Cormack: Yes. I will have to check why that assumption was taken. Senator DI NATALE: This is very significant because I asked you this question earlier and you said that there was not anything that indicated a reduction in the Commonwealth expenditure to our public hospital system. Yet you have given a presentation to this group with the assumption that Commonwealth spending would be reduced and set at 35 per cent. Mr Bowles: I am sorry; that page is actually talking about private hospital episodes, and it talks about current and future being exactly the same. Senator DI NATALE: I point you to note 1: 'assumption that the hospital benefit is 35 per cent of the national efficient price'. Mr Bowles: In the context of the whole slide being private hospital episode indicative— Senator DI NATALE: But that is still a reduction. Mr Cormack: No, it is not. We do not pay private hospitals that way any more— Senator DI NATALE: So why have you chosen 35 per cent? Mr Cormack: I will have to check the underpinning assumptions of the model— Senator DI NATALE: Can I ask you, on notice, why that 35 per cent figure was chosen as the national efficient price? Mr Bowles: We will take on notice the contents of the concept at that particular point in time. But I do want to make a clarifying point, because you said we are talking about one system. We are never talking about one system. Senator DI NATALE: It is a reasonable question to ask why the 35 per cent figure was chosen. Mr Bowles: It is, and we will take that on notice. But I want to make the point that it was in the context of how we would fund private hospitals.</p>	26 - 29/05/2017
SQ17-000529	0 - Whole of Portfolio	Di Natale, Richard	AG	National Health Reform Working Group	<p>Senator DI NATALE: How much have private health insurance premiums risen over the last five years? Have you got that information handy? Mr Bowles: I do not have that off the top of my head but, when we get to the outcome, we could give you that. But I think over the last five years you would probably have to say on average it would be around six per cent a year. But I think we can go to the specifics later.</p>	27 - 29/05/2017

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SQ17-000530	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator SMITH: In regard to the GAP process, then, the \$55,000 project money, why were states not more actively engaged in that? I notice at the back that they are not listed as attendees. Mr Cormack: I can answer that one. The process of inviting members to join the task force was undertaken by GAP itself. I am certainly aware that a number of jurisdictions were invited; it was not just New South Wales that was invited. All jurisdictions were invited to send people. Obviously— Senator WATT: All or other? Mr Cormack: I am pretty sure all. I would have to check with GAP. We did not suggest to them which states should be invited or which states should not be invited. They invited a number of jurisdictions to participate in that. Senator SMITH: Just on notice, if you could let me know, if it is known to you why some were more or less interested in participating in the GAP process. Mr Cormack: All I could do would be to check who was invited and who chose to attend. You appear to have access to the records as to who chose to attend. We can— Senator SMITH: No, I have only got one participant list. Is that the participant list just for this meeting? Mr Bowles: Yes. Mr Cormack: Yes. I am happy to follow that up further. Mr Bowles: We will take that on notice. Senator WATT: Perhaps when we get the minutes for that third meeting, whichever it is, that might have a participant list as well, which might let us know who was there that time as well. Mr Bowles: Yes.	29 - 29/05/2017
SQ17-000531	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Can I clarify one point that just came up: Mr Bowles, I think your answer was that Minister Hunt could have been briefed on this in his incoming minister briefs. Do you know whether he was? Mr Bowles: No. We may have actually provided a paper. I would have to go back and have a look. I just do not want to say that we never did anything and then find out we have actually done something. Senator WATT: Could you take that on notice? Mr Bowles: If there was an incoming brief, we may have referenced the fact that something is happening, but the only conversation I had with him was in the context of briefing him for the COAG Health Council meeting. Senator WATT: Could you take on notice whether he was provided with a briefing in his incoming briefs? Mr Bowles: Yes.	29 - 29/05/2017
SQ17-000532	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Mr Bowles: Maybe that was when it was scheduled and we cancelled it. Maybe that is what it is. Mr Cormack: I will double-check on that. Mr Bowles: Because I think there was from memory—I am going on memory now—one scheduled, and then the election was called and we cancelled it. Mr Cormack: That is right. Senator WATT: I am led to believe that the task force did not meet until October 2016, so perhaps it was pushed back. Mr Bowles: That is possibly right. Senator WATT: It would be helpful if we could just get the dates of each of the task force meetings, I think. Mr Bowles: Yes. Again, it is not under our control, so we will find that out. If the second meeting was in December I doubt if we would have had one in October, but who knows? We will find that out.	32 - 29/05/2017
SQ17-000533	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: I might get you to take that on notice—the circumstances that led to this contract being issued.	36 - 29/05/2017
SQ17-000534	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Could you take on notice what other contracts or consultancies have been either issued or put out to tender, if they are still underway, for work relating to the future funding of hospitals or private health? Mr Bowles: We can take that on notice. I am trying to think. We do not have a lot that is specific to that. Most of that will be internal policy thinking that we do. There would be some things on private health insurance, I am sure. Let me take that on notice. Senator WATT: Take that on notice.	37 - 29/05/2017

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SQ17-000535	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: This contract expired on 30 June 2016. Was another contract issued after that date for work to be performed after that date? Mr Bowles: I am not sure specifically. They would be fulfilling the contractual arrangements for that particular period, even though it flows on after the period. Senator WATT: Mr Cormack, do you know whether another contract was issued? Senator WATT: Could you check that for me? Mr Bowles: I am saying to you that we have not paid any more. Senator WATT: How much have you paid them? \$55,000? Mr Bowles: \$55,000. And just because the work did not finish, they finished it after the due date. We will check whether we varied the arrangements, but it is not unusual for people to deliver after the end of a particular period.	38 - 29/05/2017
SQ17-000536	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Do you know whether, apart from having their executive director attend at least one meeting, the Australian Centre for Health Research has had any other involvement in this task force or the work that it has conducted? Mr Cormack: I would have to check, but the work that has been undertaken has been confined largely to GAP itself. It has a small staff. The most visible part of the work to date has been at the task force meetings, and a number of people contribute to those meetings. Senator WATT: You do not recall the Australian Centre for Health Research having prepared any papers that were presented at meetings of the task force or anything like that? Mr Cormack: I would have to check records that may have been taken to confirm that. I do not specifically recall that. What I can say is that the process that was undertaken was meant to be inclusive of a wide range of different sectors and interests—government, non-government, insurers, consumers, medical profession et cetera. They all made contributions because they all have interests in this sort of policy proposal or policy concept. So it would not be at all unusual for a group like that to make a contribution if they were invited.	39 - 29/05/2017
SQ17-000537	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: At the back of those minutes it did have a list of the attendees, and we have referred to that a couple of times. Did anyone other than those participants attend either the first or third meetings of the task force? Mr Bowles: I would have to take that on notice.	43 - 29/05/2017
SQ17-000538	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: How are we going getting a copy of those minutes, by the way, for the third meeting? Mr Bowles: We have not got there yet, Senator. Senator WATT: Could we get one of the people behind us to organise a copy of those? Mr Bowles: We will see what we can do. Senator WATT: And we might as well ask for the minutes of the first meeting as well? Mr Bowles: I am still trying to clarify whether the December meeting was the first or the second meeting. Because it was definitely not held in that June. Senator WATT: It says, 'second meeting'. Mr Bowles: I know it says 'second meeting', but I am just trying to clarify whether it was the first or the second. Senator WATT: Okay. Mr Bowles: I have a funny feeling it was probably the first. Senator WATT: It would be very helpful if we could get those minutes. Mr Bowles: We are trying to find them. Senator WATT: Okay. Mr Bowles: Again, it is not our process so we are trying to find them.	43 - 29/05/2017

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SQ17-000539	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	<p>Senator WATT: Do you know, Mr Cormack? Do you remember anyone else? It sounds like you were a bit more of a regular attendee. Do you know whether there was anyone else? Mr Cormack: I would rather check the records of the meeting. I am sure there would have been a number of people who were regular attendees. But I do not feel confident to just work my way through the list and say that person was or that person was not. I would prefer to check the record for that. Senator WATT: As I think we have talked about before, there are 21 participants listed here. Seven are from Commonwealth and state governments, three from the private health insurance industry, two from the private hospitals industry, seven from consultancies like GAP, Ernst & Young and others, and two others. Did you have any input into the list of participants who were invited? Mr Bowles: I did not, no. Senator WATT: Mr Cormack, did you? Mr Cormack: Yes, certainly when the task force was being established I do recall being provided with an indicative list of names and I provided some comment on those. It was quite a broad, large list that they had had from, I presume, previous task force activities unrelated to this one. Senator WATT: Do you remember who the additional names you suggested be invited were? Mr Cormack: No, I cannot recall that. I will have to check the list that was given to me. Senator WATT: I do not know; you might have sent something in an email with some suggestions? Mr Cormack: As I said, we will take that degree of detail on record. Senator WATT: Was there anyone whom you suggested not be included? Mr Cormack: I may have but I will take that on notice. Senator WATT: You have taken on notice the additional names you suggested be included and anyone you suggested not be included. Mr Cormack: Yes, to the extent to which I have made those suggestions, I will check the records for that. Senator WATT: Are there any groups that you suggested be included that ultimately were not? Mr Cormack: I do not know. Senator WATT: Can you take that on notice as well? Mr Cormack: Yes, I can have a look at that. Senator WATT: What the outcome of those suggestions was, I suppose, is what I am asking for.</p>	43 - 29/05/2017
SQ17-000540	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	<p>Mr Cormack: I am not going to play this game of who was invited and did not come, who should have been invited and did not come. I said I would take that on notice, but I can categorically say that the College of General Practitioners for one were certainly invited as part of this process. And I will take on record others. Yes, we think that certainly representatives of the medical profession were quite appropriate to consult on this and, indeed, were invited. Senator WATT: I can see there is a rep of the College of GPs here, but GPs generally do not practise in hospitals, do they? Mr Cormack: They are representative of the medical community that have a very valid role to play in referring their patients to a whole range of services, including those provided in the public and private hospital sectors. They are regularly asked to interpret the complexities of our healthcare system to their patients and, indeed, they bring a unique and valued perspective to a process such as this. Senator WATT: I understand that— Mr Bowles: And if you look at rural health, GPs operate in hospitals all the time. Senator WATT: Sure. I understand that you might not remember every organisation who was invited to participate but let us narrow it down to some pretty well-known ones. Was the AMA invited to participate? Mr Cormack: I have given my answer. I am not going to keep going through this process of you asking the same question and expecting a different answer. I said I will give you a list— Senator WATT: I think the AMA is a fairly significant health stakeholder. Mr Bowles: We are going to take it on notice. CHAIR: They have said they will take that on notice. Mr Bowles: We have said we will take on notice who and why. Again, this is one process, an insignificant process in the overall scheme of issues.</p>	45 - 29/05/2017

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SQ17-000541	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator SMITH: Mr Cormack, that information you are going to make available to us will include state government health officials? Mr Cormack: It will include the list provided to me by GAP plus or minus any additions or amendments to that that I suggested back to GAP. But I do not have the ability to recall the list. Senator SMITH: I have heard that. Mr Cormack: And the additions to the list.... Mr Cormack: No, what I am saying is that I was provided with a list of suggested invitees. I made comments on those. I forwarded them back to GAP, and I will make that available on notice. Mr Cormack: I will go back to the list. It is quite possible that there were invites that went out, from my recollection, to a number of public hospital providers in the states. And it may well be that at a whole-of-government level they decided how their representation would be managed. But again, I will just give the same answer that I gave before. We will get you the list.	46 - 29/05/2017
SQ17-000542	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: Could you take on notice the other items of work that GAP are undertaking that you are in communication with them about? Mr Cormack: Certainly.	48 - 29/05/2017
SQ17-000543	0 - Whole of Portfolio	Watt, Murray	ALP	National Health Reform Working Group	Senator WATT: I understand what you are saying, but the fact is that, on page 7 of this presentation prepared by your department, in note 1, as Senator Di Natale has already said, the assumption is that the hospital benefit is 35 per cent of the national efficient price, and you are going to take on notice the reasoning behind that. What proportion of public hospital expenditure does the Commonwealth fund now, and what proportion of the private?	32 - 29/05/2017
SQ17-000544	4 - Individual Health Benefits	Griff, Stirling	NXT	MBS item 55850	Senator GRIFF: What is interesting is that the RANZCR, the college of radiologists, has warned about the abuse of point-of-care musculoskeletal ultrasound and has provided a position paper on it. I am not sure if you or your department have seen this. I would be interested to know if the department is taking, or plans to take, any preventive action or any actual action on this, or is looking at this position of the RANZCR. I know it is a difficult one that not everyone here is going to be aware of, but a 56-fold increase is quite substantial. I am aware of specialists who state that this particular procedure has effectively bought them their Porsche because quite simply they can effectively just do the injection, do a very quick ultrasound and claim a substantial amount. Mr Bowles: Senator, it would be best for us to take the specifics of that one on notice. Senator GRIFF: If you could take that on notice, that would be— Mr Bowles: It would be likely that that would come up in the context of our MBS review group, anyhow, if it would spark those sorts of numbers. We may not have even got to that particular area yet, but we will take that on notice. Senator GRIFF: It is obviously a key area. Mr Stuart: Senator, I am advised that there has been thought, in the context of both the MBS review and MSAC to date, but the specifics of it are not available to us right now. Mr Bowles: We will take it on notice.	50 - 29/05/2017
SQ17-000545	4 - Individual Health Benefits	Griff, Stirling	NXT	Medicare Rebate for key brain cancer pathology tests recommended by WHO	Senator GRIFF: The next item I would like to cover off is that I understand there is no Medicare rebate for key brain cancer pathology tests recommended by the WHO. Two tests, in particular, that assess molecular alterations in brain tumours—ID8 sub sequencing test and 1p/19q co-deletion testing—are the tests that they recommend. Does MSAC make reference to WHO classifications when deciding which tests to approve? Ms Jolly: The Medical Services Advisory Committee has an application-based process, so an application would come forward, that would be considered and a range of evidence would be considered by the committee. I am not sure that those individual tests that you have indicated have come forward. We could take on notice providing some details about that. Certainly, MSAC would consider a range of evidence, and, if other bodies had looked at that sort of testing, that would form part of the information in front of the committee.	50 - 29/05/2017

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SQ17-000546	4 - Individual Health Benefits	Griff, Stirling	NXT	Medicare Rebate for key brain cancer pathology tests recommended by WHO	<p>Senator GRIFF: I understand that an actual application was made for this. I have received an email from the Royal College of Pathologists regarding this application, which is application 1459. They state that they submitted the application on 19 May last year. They thought it was going to be tabled in December, and on inquiry in March this year they were advised that the application was not suitable. Why does it take so long to get an application processed? Ms Jolly: I would need to take the details of that on notice. MSAC considers about 40 applications a year. I am not sure of the specifics of that particular application, but I could certainly take that on notice and get some information for you.</p>	50 - 29/05/2017
SQ17-000547	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Compacts	<p>Senator WATT: I presume someone at the table knows when departmental representatives first started negotiating these compacts with the AMA and the College of General Practitioners. Mr Bowles: Again, the minister has had some personal involvement as well. The department, obviously, prepares final drafts of the issues. That would have been done in the run up to the budget, and it would have been in the month preceding that and then there would have been iterations and it probably would not have been finalised until just before the budget. Senator WATT: So it was in within a month before the budget that the department first sat down. Mr Bowles: I could not give the exact date. Senator WATT: Do anyone else, who might have been a bit more closely involved, know? Mr Stuart: As the secretary said, the minister was very significantly involved at the beginning, and the department assisted him with advice and drafting, and there was an iterative process. It may have been March when the department first became actively involved with the minister on this, but we stand to be corrected on that. We would really have to take that on notice. Senator WATT: You mention that the minister was involved in the beginning of the process. Mr Stuart: Throughout the process. Senator WATT: Sure. I am just trying to pinpoint when this all started. What you said was that the minister was involved at the beginning of the process and, I understand, throughout the process. Roughly, when would you say the beginning of the process was? Mr Stuart: Again, I would have to take that on notice. The minister had very significant personal leadership and involvement on the issues, particularly with the doctor groups. He began discussions with them very, very early in his ministry. We would</p>	56 - 29/05/2017

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SQ17-000548	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Compacts	<p>Senator WATT: How many times did the minister's office and the AMA meet in relation to this compact? Mr Bowles: You would have to ask the minister's office. Senator WATT: Unfortunately, the minister is in the other chamber. Mr Bowles: I do not have his diary. Senator WATT: Minister Nash, do you know? Senator Nash: I will take it on notice for you, Senator. Senator WATT: Yes, could you get back to us about that? How many times would you say the department has met with the AMA about this compact? Mr Bowles: We would probably have to take that on notice. We have met with many parties many times. We will take that on notice. Senator WATT: I accept that you will come back to me with a precise number on notice. Are we talking up to five or 10? Mr Bowles: As to the main process with a lot of these things, we would provide advice to the minister's office which would have managed the process, but we will take on notice how many we did. We met the AMA on other issues. Sometimes we talk about everything and sometimes we talk about one specific issue. Senator WATT: From what you just said—I cannot remember exactly how you put it—you provide advice to the minister and his office, but they are essentially take the running of it. So the meetings— Mr Bowles: In some cases, that is the way it goes—yes. Senator WATT: I am talking specifically about the one with the AMA. Did the department ever meet with the AMA about the compact? Mr Stuart: That is what we have on notice. Mr Bowles: I will take that on notice. Senator WATT: So you are not sure whether anyone in the department ever met with them? Mr Stuart: I am not certain at this point. Mr Bowles: Not specifically on that issue. We do meet with them. Senator WATT: Sure. Mr Bowles: We would have to go back and find out whether we specifically met on this.</p>	57 - 29/05/2017
SQ17-000549	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Compacts	<p>Senator WATT: What about the college? Did you meet with the college together with the minister about the agreement? Ms Jolly: I think we would need to take on notice some of those questions. There were obviously a lot of discussions over the period and things went backwards and forwards from the office. Several of us were involved at various times in working with the office on elements of the documents that you have. You will see that they cover a broad range of issues across health, so we would need to check to make sure we were giving you accurate information. There was not a single person involved, but there were obviously a lot of issues covered. Any attempt to give you a sense of exactly how that played out would not give you the full picture. Senator WATT: Sure. Again, I am happy for you to take on notice to give me some precise numbers of meetings. Ms Jolly: Sure. Senator WATT: In general terms, do you know whether the department at any point met with the College of GPs about the compact, the agreement? Ms Jolly: I meet with the AMA frequently. I meet with the College of GPs frequently on a variety of issues throughout the period. There would be other people in my division. We run the Medicare division. That would be dealing with both of those organisations. Similarly, there are issues of workforce in some of these documents. There are issues of My Health Record. A lot of those parts of the departments would also have been having conversations. I guess that is why I am keen to make sure we have given you a full picture rather than indicate a particular set of means. Senator WATT: Sure. Let's confine it to you then. You are the first assistant secretary in charge of this area. In the various meetings that you have with the AMA, have you discussed the shared vision with them? Ms Jolly: At points there would have been discussions about that amongst other things, yes. Senator WATT: In the meetings you have attended with the college, the agreement struck with them has been discussed? Ms Jolly: Yes. Senator WATT: Okay. And you will take on notice the number of times the minister has met with the college as well as the AMA. Ms Jolly: The secretary has indicated we will do that.</p>	58 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000550	4 - Individual Health Benefits	Singh, Lisa	ALP	Medicare Compacts	Senator SINGH: Finally the AMA's compact has a reference to Health Care Homes, but the college's compact has no reference at all to Health Care Homes. Why is there no reference to Health Care Homes in the college's compact? Mr Bowles: I do not know specifically. Senator SINGH: Was Health Care Homes referred to in any version of the college's compact? Mr Bowles: I would have to take that on notice. I do not know. Page 60 Senate Monday, 29 May 2017 Senator WATT: Is there anyone here who was involved in the final document who knows why it was left out? CHAIR: They have said they will take it on notice.	59 - 29/05/2017
SQ17-000551	4 - Individual Health Benefits	Di Natale, Richard	AG	Increased investment in prevention	Mr Bowles: I refer you to Budget Paper No. 2, where all of the measures for the budget are. You will see there is additional support around a range of items that fit into the preventative health care. Senator DI NATALE: There was, I think, a \$5 million payment to the college of general practice as well. Is that part of the prevention pillar? Mr Bowles: There is an element—I am just trying to think of it. We have 50-odd measures and all sorts of items here. There is a \$5 million payment for GPs through the college to look at obesity, overweight. Senator DI NATALE: Can you outline this? There is a \$5 million payment to the college of general practice, and I just want to know what that spend is on. Mr Bowles: To deal with educating patients around obesity and overweight and all that— Senator DI NATALE: Could you take on notice some details of that program? Mr Bowles: I will take it on notice. There is a whole heap of fact sheets, on every single measure, that are available on the website. Senator DI NATALE: I think you can take it that if I am asking these questions this information is not easily available. Mr Bowles: They are all on my website, all 50-odd of these fact sheets. Senator DI NATALE: Then it should be very straight forward for you to provide me on notice what the \$5 million is for the college of general practice? Mr Bowles: I will provide the fact sheets to you on notice.	65 - 29/05/2017
SQ17-000552	4 - Individual Health Benefits	Di Natale, Richard	AG	Medicare Guarantee Fund	Senator DI NATALE: Can you explain to me how it safeguards the future of Medicare. Senator Nash: I will take the detail of that on notice for you. Obviously I am not the minister responsible. But, by the very fact that we have a fund, it shows the certainty of the funding into the future, as I understand it. Senator DI NATALE: How so? Senator Nash: That will all be in the detail of the legislation. Senator DI NATALE: The funding exists already. There is a bucket of money that goes into health. If we call it something, that does not guarantee it. So I am just asking: how does it guarantee funding for Medicare? Senator Nash: I am happy to take those details on notice for you to get them absolutely right.	66 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000553	4 - Individual Health Benefits	Watt, Murray	ALP	GP bulk-billing incentives	<p>Senator WATT: That is in an overall sense. What I am asking is: in dollar terms, for a consultation with a GP, what does that mean? I am not talking about an aggregated figure. Mr Bowles: I have not worked it out on an item number, so I will take that on notice. The issue is, there is \$9.5 million in that first year, in relation to bulk-billing services. So it is not insignificant. But I would add that in the second year it is \$146 million, when you start to bring in the other services. Then it is \$403.4 million in 2019-20 when you bring in the next lot, and in 2020-21 it is \$443.4 million, for a total of \$1,002.3 million, roughly \$1 billion. Senator WATT: Are they aggregated figures? All of the indexation, across every procedure, across every year. Mr Bowles: Everything that is indexed; yes. Senator WATT: What I am trying to get to is what this means for an individual consultation with an individual GP. But you do not know that, is that correct? Mr Bowles: No, not specifically to each individual item. You are asking for one item; what one bulk-billing incentive— Senator WATT: Well, the one that is starting this year. Mr Bowles: We are going to re-index—at whatever the rate of indexation is—for either the \$6 or the \$9 and a bit rates for bulk-billing incentives. So it is small, in that context, but we actually deliver 365 million services a year. Senator WATT: I am trying to get to this: what is the benefit to an individual patient and an individual GP? Mr Bowles: I will take it on notice. I have already said that.</p>	68 - 29/05/2017
SQ17-000554	4 - Individual Health Benefits	Singh, Lisa	ALP	Medicare Freeze	<p>Senator SINGH: It follows on from what you are referring to in relation to the Medicare freeze. I would like if you could provide us with a time line, or an outline at least of the time line, of the MBS indexation. Mr Bowles: We will take on notice to provide to time line but we have already given that to you verbally today and last estimates and the one before that. It starts with the 2013-14, eight months to 1 July 2014. Senator SINGH: I want to see where it ends, you see, so a time line is useful. I understand it is available.</p>	72 - 29/05/2017
SQ17-000555	4 - Individual Health Benefits	Singh, Lisa	ALP	Medicare Freeze	<p>Senator SINGH: Let's go to how many GP items will remain frozen after July 2018. Monday, Ms Jolly: We have on our website a fact sheet which actually outlines all of the MBS items by year. I would be happy to provide that on notice. It is a long list of numbers that indicates specifically which come on and off at each year. That is available on our website, and we would be happy to provide that to you.</p>	72 - 29/05/2017
SQ17-000556	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Benefits Schedule Review	<p>Senator WATT: Okay. It might be best if we save the rest of our questions there for Treasury. I have not too much more on 4.1. We touched earlier on the Medicare Benefits Schedule review. I think it came up in the context of the after-hours care. I notice that the budget includes \$44.2 million to continue that review until 2020. Can you give us an idea of how that money will be spent, such as how much is for consultants, how much is for the department? Mr Bowles: We may not have the answer to that. Ms Jolly: I think we are still mapping out that over the coming years. At the moment the work is done by a combination of departmental officials, who support the taskforce through a secretariat, and we have some companies on board also assisting. Senator WATT: Like consultants? Ms Jolly: Yes, consultants. At this stage I would not think that that would change, but those decisions are yet to be made into the forwards. Senator WATT: Okay. Could you take on notice what the breakdown of those figures year-on-year is between consultants and department. Mr Bowles: As much as we know at this point. Senator WATT: Sure. Mr Stuart: Probably the easiest thing to get an indication is for us to tell you that over the past year rather than going forward. Senator WATT: Are the figures for the past year fairly similar? Mr Bowles: They would be. Ms Jolly: We can include those.</p>	77 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000557	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Benefits Schedule Review	Senator WATT: Okay. I understand that your portfolio budget submission does say that that \$44.2 million is split into \$21.6 million in administrative expenses and \$22.6 million in departmental expenses. I take it that the money is essentially being split half between departmental officers and half to external consultants and other external people. Is that right? Ms Jolly: In regard to that split that you have outlined some of the departmental funds may also go to specific contracts for services, but we can provide some of that detail, but, yes, it is as you outlined. Senator WATT: How much has been budgeted for the MBS review so far? Mr Simpson: The initial budget allocation was \$34 million. Senator WATT: That was in the 2015 budget? Mr Simpson: Yes. Senator WATT: Was that for a one-year amount? Mr Stuart: That was over two years. Senator WATT: So 2015-16 and 2016-17? Ms Jolly: Yes. That also includes funding for MSAC, the Medical Services Advisory Committee. Senator WATT: Has that money been spent? Is that the amount that did end up being spent? Ms Jolly: We can provide you	79 - 29/05/2017
SQ17-000558	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Benefits Schedule review and the MSAC process	Mr Simpson: In terms of administered spending it is about \$10 million for the two years so far, but there are some contracts and other deliverables that will be finalised over the next couple of months of this financial year. Senator WATT: So \$10 million of that \$34.3 million is administered? Mr Simpson: Sorry, \$10 million of the allocation to the MBS review component, not the MSAC component. Senator WATT: Yes. I was going to ask you if you could break that down, that \$34.3 million. Could you break it down between the MBS review and the MSAC process? Ms Jolly: Yes, we can do that. Senator WATT: You do not have those figures handy? Ms Jolly: I do. I have some figures to date, so obviously the year is not yet finished. Mr Simpson mentioned the \$10 million that it breaks into. In 2015-16 there was \$3.9 million under the MBS review and in 2016-17 there was \$6.15 million in the MBS review. In the Medical Services Advisory Committee there was \$3.5 million in 2015-16 and \$4.1 million in 2016-17. Senator WATT: Are they all the allocations to the department? Ms Jolly: That is the administered expenditure. Senator WATT: Administered, right. So that is external to people outside the department? Ms Jolly: That is correct. Senator WATT: Okay—I think I interrupted—and the remainder is to the department? Ms Jolly: I do not have separately here the departmental. Senator WATT: Okay. Perhaps if you could take that on notice for us as well.	78 - 29/05/2017
SQ17-000559	4 - Individual Health Benefits	Watt, Murray	ALP	Medical Benefits Schedule Review	Senator WATT: The \$5 million in savings that has been generated so far, what items does that \$5 million relate to? Ms Jolly: We would need to take that on notice. There were quite a few. The first look was at what items were obsolete, so items that were not used or were used in very small numbers. That was the very first tranche of work. There has been quite a lot of work done since. We have just recently published on our website the forward workplan for the MBS review taskforce including a series of reports that are coming out over coming months. They go to some of the issues that have been talked about. So there will be a progressive rollout of reports which will have within them a range of recommendations.	79 - 29/05/2017
SQ17-000570	4 - Individual Health Benefits	Griff, Stirling	NXT	Telehealth	Senator GRIFF: I would like a bit of clarification. I understand that for GPs who are focused on psychological strategies their patients are allowed to have 10 visits—I understand that is what is permitted. I would like to know why you do not allow telehealth consultations for patients with GPs in rural and remote locations. Mr Bowles: I do not know. We might— Ms Jolly: I can talk a little bit about that. We have telehealth arrangements in the MBF. In this particular instance we would need to get some further information about how it works in relation to that. Mr Bowles: That said, there was a measure in the budget in relation to telehealth psychology services. I do not know— Senator GRIFF: But that did not relate to remote and rural locations. Mr Bowles: No, but it related to psychological services. Let's take that one on notice. [15:	80 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000571	4 - Individual Health Benefits	Griff, Stirling	NXT	Hearing Services	Ms Garrett: The Hearing Services Rules of Conduct apply to service providers that are providing services under the program. Senator SIEWERT: Presumably those rules can be changed? Ms Garrett: Yes, they can be changed. Senator SIEWERT: When were they last reviewed? Ms Garrett: The current edition is from 2012. Senator SIEWERT: When you say current edition, did you consider whether this type of thing is an issue when you looked at the rules then? Ms Garrett: I would not be able to answer that. Ms Jolly: We would have to take that on notice. Senator SIEWERT: Could you take that on notice. Is there a plan to review the rules?	83 - 29/05/2017
SQ17-000572	4 - Individual Health Benefits	Griff, Stirling	NXT	Hearing Services	Senator SIEWERT: Over the years we have had a discussion about people getting their aids and not using them. I had a discussion with some people just the other day— Mr Stuart: Could you please talk to my mum about that! Senator SIEWERT: Yes, okay! Over the years, you have been doing quite a bit of work in that space. Have you seen some improvements in people actually using the aids when they get them so that the aids do not sit in a drawer? Ms Garrett: Yes. The National Acoustics Laboratories has undertaken some studies. I do not have the figures here, but there has been an improvement in the number. I would be happy to provide that on notice. Senator SIEWERT: If you could provide that on notice, and if there are some key things that have happened that have been the most effective in terms of getting people to use their aids, that would be great. Thank you.	82 - 29/05/2017
SQ17-000573	4 - Individual Health Benefits	Singh, Lisa	ALP	Medicines Australia	Mr Stuart: There is a broader government commitment that lies outside of the agreement with Medicines Australia and that it is done in the background of, and the government's agreement is that it will list every medicine that is recommended by the Pharmaceutical Benefits Advisory Committee. So, if the PBAC recommends it, the government has agreed to list it. Either it can draw the offsets required from this reserve or, if the minister wishes, he can bring alternative savings to the table to pay for medicines. But the core asset here for the industry is that every recommendation from the PBAC will be listed by the government from one of those sources. Senator SINGH: Okay. So is that in the Medicines Australia agreement? Mr Stuart: No, this is a longstanding government commitment that goes back to pre-election times in 2012. Ms Shakespeare: It has been there for a long time. Mr Stuart: Yes, some years. Ms Shakespeare: There are references to that in the policy in the agreement, and I can draw those to your attention. If you would like, I can take that on notice.	85 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000574	0 - Whole of Portfolio	Farrell, Don	ALP	Market Research	For the 2016-17 financial year, what was the total amount spent by the Department on market research (either as a whole contract or as part of a contract)? For each contract for market research in 2016/2017, can you please provide: • The subject of the market research; • The supplier; • Whether the supplier has been engaged previously and if so, for which contracts; • The total value of the contract; • The term of the contract (time); • The date that the decision was taken to seek market research on the topic; • The date the contract was opened to tender or selection process; • The date the supplier was engaged; • Whether the contract was subject to a tender process, including whether there was a full, partial or closed tender process; • Does the supplier exist on a pre-approved supplier list, if so, when were they added to that list; • Whether the Minister, or the Minister's Office, requested that the research be conducted; • Whether the Minister approved the decision to conduct market research; • Whether the Minister approved the contract with the supplier; • Whether the Minister or the Minister's office was consulted on questions asked; • Whether the Minister or the Minister's office received a copy of the market research; • If the decision to conduct research was initiated by the department or agency, was the Minister or their office consulted before the decision was taken to conduct research, if so – in what form did that consultation take (written, verbal other); • If the decision to conduct research was initiated by the department or agency, did Minister or their office make any amendments or changes to the Department's proposal for market research to be conducted, if so, what changes and to what aspects were they made; • At any stage in the life of the proposal to conduct market research were other departments or agencies consulted? • At any stage in the life of the proposal to conduct market research were other Ministers, or the Prime Minister consulted? • At any stage in the life of the proposal to conduct market research did the expected cost change, if so how? • At any stage in the life of the proposal to conduct market research did the scope, questions or supplier of the research change? • Have any topics or questions of market research been conducted and subsequently conducted again by the same or different supplier?	Written
SQ17-000575	4 - Individual Health Benefits	Griff, Stirling	NXT	Safety Net	Ms Shakespeare: The policy has been developed based on costs for a household— Senator GRIFF: Have you done any modelling to look at any other options? Ms Shakespeare: We have had a look at other options, and there are quite a lot of issues around the government's capacity to track who is single and who is in a family. There are issues— Senator GRIFF: Is that not a fairly easy thing to sort out through, say, Centrelink? Ms Shakespeare: No. I think that would require officers at the Department of Human Services to get access to information about someone's marital status, and that is not currently collected there. There are some practical issues about the capacity to have differential co-payments and the costs to the administration of the PBS. Senator GRIFF: What did your modelling show? Ms Shakespeare: It was done at the Department of Human Services. We may have had access to it. I do not have that here with me. Senator GRIFF: Could we see that? Ms Shakespeare: How about we take on notice what we looked at and what issues were raised?	86 - 29/05/2017
SQ17-000576	4 - Individual Health Benefits	Dodson, Patrick	ALP	The Australian Prudential Regulation Authority	Senator DODSON: The Australian Prudential Regulation Authority put out its quarterly report on private health insurance two weeks ago. There are obviously some media stories of insurer profit. What did the report show on that front? Ms Duffy: The most recent report from APRA showed that the private health insurers showed a profit before tax of around 19 per cent. APRA indicates in its report that that is due largely to investment revenue, the majority of which is in equities. Senator DODSON: So in monetary terms what was that? Ms Duffy: I am sorry, I do not have the monetary terms with me. Senator DODSON: How does that compare to a year ago? Ms Duffy: I do not have the profit numbers with me—I just have a percentage. I will take that on notice. Senator DODSON: You have neither the quantum nor the percentage, is that right? Ms Duffy: I would need a copy of the report. I do not have a copy of the exact report with me.	87 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000577	4 - Individual Health Benefits	Dastyari, Sam	ALP	The Australian Prudential Regulation Authority	<p>Ms Duffy: We understand that there are management or administration expenses that we have access to, but we do not have the information to break it down into the categories that you have suggested,. Senator DASTYARI: On that: can you get that level of information? Is there a process reason why you can't? Ms Duffy: I will have to take that on notice. I think there are process matters that need to be looked at but also legislative requirements. Much of the information that is provided by private health insurance is protected information under the act. Even if we did have access to the information, it would still be considered protected and therefore that would limit the use and the ability to share that information. Senator DASTYARI: Sure. But there are two separate questions there, right? Ms Duffy: Yes, there are. Senator DASTYARI: One is whether or not you could make that publicly available. I understand what you are saying, Ms Duffy—if you can take this on notice—you are saying that there may be a legislative reason why you could not make that public anyway for privacy or commercial in confidence; I completely understand that. There is also what information we allow our ministers to have when informing themselves of decisions. Let's be honest here: from a public policy perspective, surely there must be a sense of frustration. It is going up 4.84 per cent, which again is lower than it has gone up in previous years, which is good news. But APRA reports that annual profits are 18 per cent. Naturally, people go, 'Hang on. If they're this profitable, why does it need to go up 4.8 per cent?' Is profitability something that is visible to the minister while making the decision? Ms Duffy: We provide information that comes from APRA as part of APRA reports, so that profit figure would be available to the minister. As I said, APRA explained that this profit margin and profit figure relate to mostly equities on investments. Whether or not that is cash or noncash, I do not have that level of information. Senator DASTYARI: With the 5.6 per cent increase in 2016—which obviously fits into the 18 per cent profit that was recently announced by APRA—surely there is a link between the two. They are increasing their fees by five per cent, and their profitability is 18 per cent. I am a layman here, but it strikes me that clearly there is a link. Mr Cormack: I think Ms Duffy provided you earlier with good information about what is behind the profit results for the current reporting year. It is important not just to look at a</p>	89 - 29/05/2017
SQ17-000578	4 - Individual Health Benefits	Dastyari, Sam	ALP	The Australian Prudential Regulation Authority	<p>Senator DASTYARI: Minister, I do not know the answer to this, but the frustration for consumers is that, while with the 11 for-profits, because of the nature of how companies have to report—and I think this is a good thing—there is visibility for the public in terms of what is going on inside the company, questions like executive remuneration and whatnot, for the 25 that have structured themselves as not-for-profits, the public has no visibility of that at all. Can you comment on that? Is there a way we can reconcile that going forward? Senator Nash: That is something that I am very happy to take on notice to get a comment on from the minister. ...Senator DASTYARI: I think what Ms Duffy was going to take on notice—and it sounds like there has already been a similar question on notice that, in part, answers this—was the granularity of the information you get: why it is at that granularity, whether you could get more information were you to ask for more information and what the legislative restrictions on the minister before it is released. And it sounds like there are some. It makes sense that there would be some around some of this. The minister has very kindly said that she is going to take this on notice and get Minister Hunt provide a more detailed answer. I may leave it at that.</p>	90 - 29/05/2017
SQ17-000579	2 - Health Access and Support Services	Siewert, Rachel	AG	National mental health services planning framework	<p>Senator SIEWERT: Can you give us the framework for the modelling? Mr Cormack: The national mental health services planning framework is a Commonwealth and state planning tool; it is largely finalised as a planning tool. We do not own that model. I would have to take that on notice and consult with the states and territories.</p>	8 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000580	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	Senator DI NATALE: The issue of exclusions of specific procedures from premiums—the rate of exclusions was 38.1 per cent of hospital policies, which I understand is up from 27.3 per cent in 2014. We have seen a 10 per cent increase in the number of exclusions. Is that correct? Ms Duffy: Are you reading from the APRA report? Senator DI NATALE: I suspect that is where that information is taken from, yes. Do you have any updated numbers on exclusions? Ms Duffy: No, I would have to go back and have a look at the report. I do not have that part of the report with me.	97 - 29/05/2017
SQ17-000581	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Partners in Recovery and Day to Day Living	Senator KAKOSCHKE-MOORE: Have these PHNs already been identified? Mr Cormack: There are 31 PHNs. We could take on notice or perhaps even find out today for you the extent to which we currently have Partners in Recovery and Day to Day Living funding channelling through those. Most of the PHNs, if not all, have some funding relationship or experience of these players within their region, so this is not unfamiliar turf to the PHNs.	12 - 30/05/2017
SQ17-000582	4 - Individual Health Benefits	Singh, Lisa	ALP	Adult Public Dental Services	Senator SINGH: I added all the figures up that are in that table, and that equated to \$321 million over three years. Then I compared that to Labor's 2012 MYEFO measure, which was \$391 million a year. That was what I wanted to confirm with you: I did the maths on that, and that equals a cut of almost \$300 million a year. Mr Cormack: The figure that I am using is the maximum amount of Commonwealth money that went to the states and was spent by the states under a national partnership agreement: \$155 million is the high point. Irrespective of what may have been allocated in the past, what was actually committed to the states by virtue of national partnership agreements came to a high point of \$155 million. Over the next three years the amounts that are made available are for 2016-17 at \$104.5 million, 2017-18 at \$107.8 million and 2018-19 at \$107.8 million. Senator SINGH: That is right. That is exactly right, but our 2012 MYEFO was \$391 million per year. I am trying to confirm with you—I have done the maths—that is a cut of around \$300 million. Mr Bowles: We do not have your figure for 2012. Senator SINGH: I can give it to you. Mr Bowles: We can take that on notice, if that is what you wish, but the numbers in the budget are the numbers Mr Cormack read out for the NPA.	99 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000583	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Psychosocial supports	<p>Senator O'NEILL: I have a couple of quick questions following on the excellent questions from my fellow senators. You indicated that you have corresponded with the states and territories around this matter. Would you be able to provide us with copies of that correspondence? Mr Cormack: We will certainly take that request on notice. Senator O'NEILL: Thank you very much. Would I be right in assuming that that letter might be some sort of audit of the current practices with regard to funding of mental health by the states? Mr Cormack: I would not have thought that its prescriptive is an audit but we have asked them pretty specifically what they are currently doing and what they intend to do. I am not quite sure that we have been overwhelmed with responses just yet. I have just been corrected; that was a letter from the minister. Senator O'NEILL: It was a letter from the minister and not a separate one from you? Ms Cole: That is correct. There were two letters from the minister. One was prior to the budget where he asked his colleagues to indicate, in general terms, what they are planning to do in terms of psychosocial and their transition to the NDIS. Then there was a second letter post the budget which indicated that he wished to open discussions around the \$80 million. Mr Cormack: Chair, I want to correct my earlier advice, which was that I thought the first letter was from the department. It is the same letter but it was actually from the minister. The second letter is post budget and the \$80 million measure. Thank you. Ms Cole: In addition, we have had informal discussions at an official level in the last two months or so around what the states and territories may be thinking in terms of what they are going to do post transition. Senator O'NEILL: Could you provide us with a copy of that correspondence? Mr Cormack: We will certainly consult the minister on that and see if that can be made available.</p>	13 - 30/05/2017
SQ17-000584	4 - Individual Health Benefits	Singh, Lisa	ALP	Adult Public Dental Services	<p>Senator SINGH: This is a massive cut to adult dental. Another way of looking at this impact is the effect on waiting times. What is the national average waiting time for adult dental services? Mr Cormack: The national weighted average was 12 months at 31 December 2016. That is the average waiting time for general treatment. Senator SINGH: That is across the country? Mr Cormack: That is the national weighted average. Senator SINGH: So it is longer in some states than in others? I can tell you that it is longer than 12 months in Tasmania. Mr Cormack: And shorter in others, that is right. Senator SINGH: Do you have that breakdown? Mr Cormack: Yes, I can give you that breakdown. Senator SINGH: How long is it in Tasmania? Mr Cormack: Tasmania is 9.4 months. Senator SINGH: Not from the constituents that I have had come through my door. Mr Cormack: That is just the advice that we have been provided by the states. Mr Bowles: These numbers come from the states and territories, by the way. They manage this, not us. Senator SINGH: Take on notice the list, if that is okay. Mr Cormack: Sure.</p>	100 - 29/05/2017
SQ17-000585	4 - Individual Health Benefits	Di Natale, Richard	AG	National Partnership Agreement - Waiting Lists	<p>Senator DI NATALE: Can I ask you about the national partnership agreement, specifically about waiting lists. Do you have a breakdown of the last three years of waiting lists? Mr Cormack: I can get that for you, but I have a fair bit of other information available now.</p>	101 - 29/05/2017
SQ17-000586	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Action Strategy Funding	<p>Senator KAKOSCHKE-MOORE: Can we see how that formula was then put together for each of the Primary Health Networks? I appreciate the level of detail you have given me now, which I did not have before, but just in terms of being able to get my head around it— Dr Studdert: Certainly, Senator. We can take it on notice and do that in detail.</p>	58 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000587	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Headspace	<p>Senator O'NEILL: I understand that the member for Canning was pushing for a headspace to be located in the Peel area of Western Australia. Of course, last week Minister Hunt sent out a media release announcing a new headspace centre for the very area that the member was increasingly hopeful of securing. I was wondering why he would say this, given that the process is essentially supposed to be driven by mental health— Mr Cormack: I think that is a question you would have to ask of the minister. Senator O'NEILL: Senator Nash, would you be able to answer the question on behalf of the minister? Senator Nash: I could take it on notice for you. I am not aware of those circumstances, but I am happy to ask him and come back to you. Senator O'NEILL: It would be concerning if there were not an evidence base for the announcements of these vital— Mr Cormack: I think I have outlined a very extensive— Senator Nash: I do not think anyone has said that. I am certainly happy to take that on notice for you. There has been a process in place here. Clearly, I am not aware of that particular circumstance. We will come back to you on that.</p>	17 - 30/05/2017
SQ17-000588	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	<p>Senator SINGH: Let us just start generally. Since the regulatory changes to the Special Access Scheme late last year, how many applications has the TGA received for access under category B? And how many have you approved? Dr Skerritt: I have the figures from 1 January 2016 to the present. I do not have them from another point in time. We can take that on notice. I actually have seen an acceleration since the regulatory changes in the number of applications per month. To answer your question, since 1 January 2016 to 26 May 2017, last Friday, we have had 66 approvals. Of those, 34 are still pending, where we have asked for further information. So they are not sitting with us. We have gone back and said, 'You've written "medicinal cannabis" on this form. What form of medicinal cannabis?' That is an example where we have asked for further information. We have had 19 applications withdrawn—by the doctor, not by us. That brings it to a total of 119.</p>	102 - 29/05/2017
SQ17-000589	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Action Strategy Funding	<p>Senator KAKOSCHKE-MOORE: Just bearing in mind the fact that relatively old information was used to determine this initial allocation and we now have much more updated and specific information about actual drug use in major cities and communities thanks to the wastewater analysis, of the remaining \$64.4 million that is still to be allocated for treatment services, will more updated information be used? Mr Laffan: You are talking about the final year of the money? Senator KAKOSCHKE-MOORE: Yes. Mr Laffan: I would have to take that on notice. I am not sure if the data will be updated prior to the specific allocation of that money.</p>	58 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000590	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Headspace	<p>Senator O'NEILL: Can you take this on notice: has the minister ticked off on another headspace for the member for Canning, bypassing an evaluation process? Can the minister confirm that Canning was one of the 20 that was on the final list? It seems that the member for Canning might have already known something or an impending announcement. Has he been part of the process? Senator Nash: I do not think it is fair to categorise it that way. Members in electorates right across the country are continually raising issues of importance in their electorates with ministers in the area of health, education and across a whole range of issues. It would not be unusual for a member to raise something that they thought was important in their electorate. Senator O'NEILL: But it would be unfortunate if it were— Senator Nash: Well— Senator O'NEILL: The headline was 'Mandurah wins headspace', as if it was a competition between colleagues who are pushing for their favourite area over a proper response to needs on the ground. Senator Nash: I would certainly hope that you would not want to make something as important as new headspace sites a political issue. Senator O'NEILL: I fear it may well have become one already, Senator Nash. Senator Nash: It is incredibly important that we get these sites out across the country, adding to what we have already done. As you know, they are really well received, and the last thing people want to see is people using headspace sites as a political football. Senator O'NEILL: It would be really frightening to think that the precious money that needs to go to these services across a state as big as Western Australia ends up in the wrong place because of lobbying rather than through analysis. Senator Nash: I would not be frightened pre-emptively at all. There has been a very rigorous process around this. I have undertaken, on that particular circumstance, to come back to you with the information. Senator O'NEILL: Thank you.</p>	17 - 30/05/2017
SQ17-000591	2 - Health Access and Support Services	Siewert, Rachel	AG	Drug Testing	<p>Senator SIEWERT: That would be appreciated. You were speaking earlier about the specific testing that is contained in the budget. Have you provided advice about drug testing in general to the Department of Social Services—not the specific budget measure, but about drug testing in general. Mr Smith: I would have to take that on notice. Senator SIEWERT: That would be appreciated. In the discussions you were having DSS, was there any discussion of your knowledge of drug testing internationally? Mr Smith: We will take that on notice. Dr Studdert indicated that we would go away and have a look at the broader nature of the advice that had been provided and what was included in that— Senator SIEWERT: I understand that, but we are asking DSS questions tomorrow, so I would appreciate as much information as possible now. That is why I am asking. If you are aware of it now I would appreciate knowing now. Mr Smith: I am not aware of any advice on that nature. That does not mean we did not provide it. I would have to take that on notice.</p>	59 - 30/05/2017
SQ17-000592	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	<p>Senator SINGH: So what is the average time for all applications? Dr Skerritt: I do not have the figures with me. We would have to take on notice the time that it is with the actual doctors.</p>	103 - 29/05/2017
SQ17-000593	2 - Health Access and Support Services	Siewert, Rachel	AG	Data Collection	<p>Senator SIEWERT: What are the protocols if they do ask for that data? Mr Bowles: It would go through our data governance arrangements in the department and we would make a decision from there. I could not pre-empt what that might be. Senator SIEWERT: Could you provide the data governance— Mr Bowles: We have a data governance analytics committee. It is a high-level committee that looks at our data usage. Senator SIEWERT: I presume you have protocols that govern that. Mr Bowles: We will have a terms of reference. We can provide that on notice.</p>	60 - 30/05/2017
SQ17-000594	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Local petitions	<p>Senator O'NEILL: And if you could take on notice what role, if any, that local petitions play in your recommendations to the minister. Mr Bowles: We can take that on notice, Senator. Senator O'NEILL: Thank you.</p>	19 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000595	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	Senator SINGH: Could you table the old and new versions of website? Dr Skerritt: I can certainly table our website. I think we will have captured the old version but I can certainly table what we have now. If we are able to give you what it looked like pre-February, we can table that.	103 - 29/05/2017
SQ17-000596	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	Senator SINGH: Also, how many applications to become an authorised prescriber are outstanding at the moment? Dr Skerritt: I do not believe there are any outstanding, but I will just double-check that.	104 - 29/05/2017
SQ17-000597	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Action Strategy	Senator KAKOSCHKE-MOORE: Could you provide on notice a breakdown of the total funding that each state will receive from this. I have it for the funding that has been handed over so far, so to speak, but I do not have it for the remainder. Dr Studdert: We can provide that on notice for the four-year figure.	61 - 30/05/2017
SQ17-000598	2 - Health Access and Support Services	Siewert, Rachel	AG	PHNs with Commissioned Residential Rehab Services	Dr Studdert: We undertook to get the names of the three PHNs that have commissioned residential rehab services. I believe we have those details now for you. Mr Laffan: There are six PHNs who are providing residential rehab and withdrawal services: Central Queensland; Darling Downs; Hunter New England; Murray, North Coast; and Country WA. Senator SIEWERT: Do you know where the country one in WA is? Mr Laffan: I would hesitate to answer that; I am not entirely sure. Senator SIEWERT: Country WA is a humongous area. Mr Laffan: It is very large, yes. Senator SIEWERT: I am sorry to be difficult. If you could actually tell us the locations— Dr Studdert: We will try and get the locations. Senator SIEWERT: that would be great. Thank you.	62 - 30/05/2017
SQ17-000599	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	Senator SINGH: I understand that. Firstly, have you got that information on the breakdown by state; and, secondly, how many applications are outstanding? Dr Skerritt: I will just check. I do have it somewhere. I have SAS approvals by state and territory. There have been approvals in every state, but none in the Northern Territory or ACT yet. Senator SINGH: We are not talking about SAS; we are talking about the Authorised Prescriber Scheme. Dr Skerritt: Okay—authorised prescribers. As we said, 23 are New South Wales. I suspect the other one is Queensland, but I need to check that in another part of my documents.	105 - 29/05/2017
SQ17-000600	2 - Health Access and Support Services	Watt, Murray	ALP	Murrumbidgee Primary Health Network	Senator WATT: Did the department meet with any external stakeholders regarding the decision to establish the Murrumbidgee PHN? Mr Cormack: I do not believe so but I will take it on notice and check. I was one step removed from that process, although I had some visibility of it. I will take that on notice to confirm.	69 - 30/05/2017
SQ17-000601	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Headspace funding	Ms Cole: The 840 is what we use as a costing mechanism. So when we do the costs for 10 new headspaces, we use an average of 840. That does not mean that that is the final figure those three will get, but it is in the region. Averaged out over the 10, we are expecting it will be about 840 per year per headspace centre. Senator O'NEILL: Would you be able to provide me on notice with a list of the 110, maybe with seven little holes that I can fill in? Mr Cormack: Sure. Ms Cole: Sure.	20 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000602	2 - Health Access and Support Services	Griff, Stirling	NXT	Primary Health Networks	<p>Senator GRIFF: Looking at the key indicators that can be sourced from general practice software systems, there is also a wealth of information that you have not included in your headline performance indicators, which are health checks for Aboriginal and Torres Strait Islanders, cardiovascular disease assessment and diabetes. Is there any particular reason why you have not included those in your headline performance indicators? Mr Cormack: The reason why we have not included them is that for this sort of establishment phase—which we are really still in with the PHNs—we needed to be able to commence with a manageable set of performance indicators that look at the governance of the organisation. Senator GRIFF: What are the ones you have now? Mr Cormack: I will quickly run through them—I will not go through them in minute detail. We have governance indicators, which are around the performance of the board risk management arrangements; financial management, which is an important function; and stakeholder engagement. Then, in the service delivery areas, we look at, for example, access to low-intensity psychological interventions, psychological therapies delivered by mental health professionals and clinical care coordination for people with severe and complex mental illness. We look at a range of mandatory performance indicators to do with immunisation and time to certain types of services. There are a range of indicators which I will provide to you on notice, if you wish, rather than work my way through them one by one.</p>	70 - 30/05/2017
SQ17-000603	2 - Health Access and Support Services	Sterle, Glenn	ALP	Suicide prevention	<p>Ms Cole: There is \$3 million specifically for the trial, and then there is ongoing funding, which the PHN is going to focus following the consultations with the community around the issue of suicide prevention. Senator STERLE: Ms Cole, how much is that ongoing funding? Ms Cole: I will have to take that on notice for you, Senator.</p>	25 - 30/05/2017
SQ17-000604	2 - Health Access and Support Services	Waters, Larissa	AG	National Maternity Services Plan	<p>Mr Cormack: I am not quite sure that a conscious decision has been taken not to do that. I think it is possibly an interpretation of what is meant by an evaluation; that can mean many things to many people. But this is not something the Commonwealth is leading. We are certainly participating in it. I think the best thing we can do is check with the Queensland lead on this, and the AHMAC secretariat, to clarify the specific question that you ask. I do not recall a conscious decision to not evaluate; I suspect it is the way it has been done. Senator WATERS: It just did not happen. Okay. Thank you for taking that on notice and following up with those other folk. I will look forward to that response.</p>	73 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000605	2 - Health Access and Support Services	Sterle, Glenn	ALP	Mental health funding Kimberley region	<p>Senator STERLE: How much is that money? How much will the Kimberley get out of that \$84 million? Ms Cole: That breakdown, because it is for country Western Australia, I have to get for you on notice because it is a subset of the overall funding— Senator STERLE: Okay. Are you in a position to tell me how much country Western Australia will get as a total? Ms Cole: For those two components? Senator STERLE: Yes. Ms Cole: I will have to have a look. I may be able to get it for you later, Senator, rather than— Senator STERLE: I am of the opinion, Ms Cole, that it is always easier if you can do it now, to save you going back and having to beaver away—you know how it all works. But if you cannot, I accept that. Ms Cole: I understand that, Senator, but I may not have that level of detail. Senator STERLE: I have been around estimates for a couple of weeks now, so I do understand how hard it can be for you people to provide all the info, for a myriad of reasons. So I am saying that, if you have to take it on notice, I understand. But if you have got it there, that would be great. Ms Cole: The country WA PHN, which is the relevant PHN, is receiving in 2017-18, \$18.7 million for mental health, which includes \$0.5 million for community suicide prevention and \$0.62 million for Indigenous suicide prevention. So that is the overall bucket that they have. Then they are using a formula of around 20 per cent for the Kimberley region of their total amounts of funding. Senator STERLE: So about \$200,000-odd? Ms Cole: Ongoing, yes. Senator STERLE: Yes, per year. Ms Cole: So that is only their specific suicide prevention money. They also have their mental health money—so 20 per cent of their mental health money—and their community suicide money as well. Senator STERLE: So, to save me adding up, how much is the whole package going to the Kimberley following on from the two roundtables? Ms Cole: That is where I will have to go back and do the sums for you. Senator STERLE: If you can find that out for me. Just bear with me, because you have answered a lot of the questions that I have had written out. So there is a working group now, is there not?</p>	26 - 30/05/2017
SQ17-000606	2 - Health Access and Support Services	Sterle, Glenn	ALP	Community members list	<p>Senator STERLE: Ms Cole, I am going to leave it at that. That has given me some food for thought. I am happy to have who is on the list, because I will be up there in two weeks time or three weeks time. I can follow up, and I will check out how it is going in the east Kimberley. I see there is Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Wyndham, but it does not say who they are. Do we have a list of who they are? Ms Cole: We do but— Senator STERLE: Only because I will check with them when I go up there. Ms Cole: I guess we are just a little reluctant to give individual community members' names out in public. Senator STERLE: What about if you just give it to me in private and then I can visit them? Ms Cole: Can I just check with those individuals and then I will— Senator STERLE: I beg your pardon? Ms Cole: I will check with those individuals and then get back to you. Senator STERLE: All right.</p>	29 - 30/05/2017
SQ17-000607	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental health and suicide prevention	<p>Senator O'NEILL: How many people living in regional, remote and rural areas will this assist? Ms Cole: That calculation is based on an eight per cent growth figure anticipated in terms of the number of Australians accessing those services. It is not an individualised figure; it is a figure around growth in the Medicare benefit. Senator O'NEILL: How many people do you believe it will assist? Ms Cole: I will have to take that on notice because it depends a lot on how many services each individual chooses. It is an eight per cent growth in the service rate, noting that it can be up to a certain limit. But most people do not actually take the full amount.</p>	31 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000608	2 - Health Access and Support Services	Waters, Larissa	AG	National Maternity Services Plan	<p>Senator WATERS: I am just interested in the breadth of who has been consulted, not necessarily AMA, but that is good to know. Mr Cormack: My understanding, and I do not actually have the full details in front of me, is that there was a consultative process set up that involved public and private healthcare providers and a number of professional groups. We are aware that the AMA and the National Association of Specialist Obstetricians and Gynaecologists had expressed some concerns about the level of representation in the working group. Queensland has taken that on board. They have admitted that at least one group, the AMA, was omitted from the initial consultation, and I understand they have taken steps to rectify that. I am certainly aware that there was some concern, and I think Maternity Choices Australia has also written to the Queensland health minister seeking some further advice about the way this has been undertaken. I understand that Queensland Health, as the lead institution, is following up on those concerns have been raised. I am not specifically aware of the nature and detail of the concerns they have raised, other than concerns have been raised about whether the consultation process is as inclusive as it should be, and I think Queensland Health is responding to that. Senator WATERS: Could you take on notice to check on the list of folk who were consulted? Mr Cormack: I certainly will. Senator WATERS: An associated question is whether or not consumers of maternity services have been consulted. Mr Cormack: I will take that on board.</p>	73 - 30/05/2017
SQ17-000609	2 - Health Access and Support Services	Waters, Larissa	AG	National Maternity Services Plan	<p>Senator WATERS: Just wrapping up, because I know we are very tight on time, will the new framework include the provision for public reporting of data, either from the hospital themselves as well as progress under the plan's various objectives? Mr Cormack: I cannot answer that question, because the framework has not been settled. It will be considered through the AHMAC and COAG Health Council process towards the end of year, but we are happy to take that on notice. And we will provide you with advice as to whether that is part of the process.</p>	74 - 30/05/2017
SQ17-000610	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Special Access Scheme	<p>Senator SINGH: How many licences have you? Dr Skerritt: Are you talking about the licences for cultivation in Australia, or are you talking about approval of a medicine through TGA so, for example, it can be dispensed at every suburban pharmacy? Sorry, I am a bit unclear of your question. Senator SINGH: Under the national licensing scheme, I presume. Dr Skerritt: The national licensing scheme is registration of medicines—that is one thing. I think what you are talking about is approval of licences for the cultivation of medicinal cannabis in Australia. I am just trying to clarify the question. Senator SINGH: I would like both figures, to be honest. Dr Skerritt: Okay, we will give you both. I might call my colleague, Bill Turner, to the table. Senator SINGH: And a breakdown by category and state would be useful. Mr Turner: There are three types of licences under the scheme. One is called the medicinal cannabis licence. That is for cultivation of cannabis for use in humans, through the Special Access Scheme, authorised prescribers or clinical trials. Seven of those licences have been issued. There is the cannabis research licence, which allows research into the plant and its medicinal properties. Three of those have been issued. And there is the manufacture licence, which allows the extraction of the cannabinoids. Two of those have been issued, at this time. With respect to state by state, can I take that on notice? I have the figures as a breakdown but we do not, generally, release those—because there are commercial sensitivities as well as security issues with location, so I would like to consider that before releasing those figures. Senator SINGH: If I could ask for it to be taken on notice and then the committee can consider the answer as far as our release of the information—is that something we could do, in relation to this?</p>	105 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000611	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Assessments	Senator POLLEY: So you are saying the median length of time for South Australia for high priority is six days— Ms Buffinton: No, that is for all assessments. Senator POLLEY: And you cannot give me the figures broken down for the priority of high, medium and low care? Can you take that on notice, then? Ms Buffinton: I can take that on notice, but I can see that they are surpassing their KPI for high care.	81 - 30/05/2017
SQ17-000612	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Medicinal Cannabis Bill	Senator WATT: Which senators or parties did you brief in relation to the regulations on the day of the vote? Dr Skerritt: Yes. Senator WATT: And Senators Roberts and Burston? Dr Skerritt: I will have to check my notes as to who was at both meetings. I will take that on notice. I know that it is possible that not all members of all teams, of NXT or One Nation, were present at all those briefings. Together with advisers, they made for reasonably full offices.	114 - 29/05/2017
SQ17-000613	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Rebate freeze	Senator O'NEILL: For each of these, can you confirm that they are both part of the government's rebate freeze? Were you able to hear my question? Mr Bowles: We can take it on notice, because we do not have that here. Senator O'NEILL: It has been in the media that mental health services, in terms of access to GP rebate for the mental health plan and access to psychologists, are subject to a freeze until 2020. Mr Bowles: You are conflating a range of issues now, Senator, and— Senator O'NEILL: Why don't you clean it up for me and tell me the facts? Mr Bowles: Excuse me, Senator; I was speaking. Senator STERLE: How dare you— CHAIR: Order! Senator O'NEILL: I was listening for an answer and I was not getting one, Mr Bowles. CHAIR: Furthermore, the secretary said that he would take it on notice, from memory. Mr Bowles: I did, Chair. I will take it on notice. It was in an outcome raised yesterday. We did go through this in some detail yesterday. Senator O'NEILL: Chair, I want to ask this question again. Mr Bowles has just indicated he went through it in some detail yesterday, so I cannot understand why he would not have the detail today. Also, this is a matter of a document in the public place. CHAIR: Just so that we are clear, Senator O'Neill, I understand that the secretary took on notice your first question and pointed out also that you were conflating some issues and was going through the detail on that. Senator O'NEILL: I have invited him to give me the facts, so I will ask my question again: in relation to the Medicare rebate freeze, specifically with regard to mental health services delivered by psychologists under Better Access, and the GP rebate for mental health plan, for each of those, can you confirm that they are both a part of the government's rebate freeze? Mr Bowles: As I said before, I will take that on notice. We went through that outcome yesterday in some detail—not all with me, but with the relevant people in that particular outcome. I can take your question on notice.	33 - 30/05/2017
SQ17-000614	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Better Access	Senator O'NEILL: How many people a year access services under these Medicare services: Better Access— Mr Bowles: Again, that relates to a different outcome. I can take it on notice. Mr Cormack: We will take it on notice. I am sorry we do not have that. Senator O'NEILL: For mental health, you do not have those numbers here? Ms Cole: Senator, you asked a question about the number of people who access Better Access. I do not have the figures for the number of individuals accessing Better Access. At the moment—because I did not anticipate your question—I do not have the latest service item numbers, either. However, I can take both of those and come back to you later during the day. Senator O'NEILL: If you can, I would appreciate that. That would also be helpful with regard to the other question that has caused so much consternation here. Could you provide details in relation to the \$15 million that was included in the budget for research? Mr Cormack: Yes.	34 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000615	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Assessments	Senator POLLEY: Could you put on record the details of the characteristics that a client satisfies to have a high-priority assessment referral. What would somebody have to display to have a high-priority assessment done? Ms Buffinton: We will take it on notice to give you the exact criteria that we use for high-priority assessment.	81 - 30/05/2017
SQ17-000616	2 - Health Access and Support Services	Siewert, Rachel	AG	Consultant	Senator SIEWERT: Are you able to tell us who the consultant is? Dr Brown: I would— Senator SIEWERT: Maybe take it on notice. Dr Brown: I will take it on notice. I do not know that they have actually been informed yet. Senator SIEWERT: If you could take that on notice in a timely manner so that we are fitting in with your time frame? Dr Brown: Yes.	38 - 30/05/2017
SQ17-000617	6 - Ageing and Aged Care	Siewert, Rachel	AG	National Queue Process	Senator SIEWERT: The upshot is that you cannot tell me at the moment— Ms Buffinton: No, because at the moment, genuinely, people are still putting things into the system. I think it is fair to say that we have been going to a lot of trouble to inform providers of how the new IT systems are developing. They have also been learning and getting to their front line how to use the new system. Understanding consumer behaviour has also been something that we have been learning about, and I am happy to discuss a little of the work that we have been doing on that. But it is as you would expect with something that is a big, dramatic change. As of today, it is three months that we have been operating. It is operating well. We have people who are in home care. We are also learning a lot about what we thought behaviours would be and we are discovering that some of those things are confirmed and some are different to what we thought. Senator SIEWERT: You will have that first lot of figures available before next estimates. So could you take on notice to provide those figures once they become available. Ms Buffinton: Yes.	85 - 30/05/2017
SQ17-000618	6 - Ageing and Aged Care	Polley, Helen	ALP	My Aged Care	Ms Buffinton: Okay. The AMR research and NACA acknowledge the fact that My Aged Care has improved markedly. In terms of that \$3.1 million—in order to run My Aged Care annually the costs have traditionally been about \$15 million. As we make a more complex system, that \$3.1 million for this year is for making sure that the IT system continues to work. It is not for enhancements. It is just to make sure that the IT system works. We do releases about every quarter, and it is to make sure that the system is working as optimally as we can make it. It is not an additional enhancement of function. Senator POLLEY: Perhaps you could just take it on notice and let us know what it is you are actually doing. But I have to move on because we are short of time.	88 - 30/05/2017
SQ17-000619	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Medicinal Cannabis Bill	Senator WATT: Did you or anyone else from the TGA brief any journalists on the day of the vote? Dr Skerritt: I was interviewed by a journalist from The Courier Mail at their request and the interview was essentially: 'Can you explain what the changes to the regulations are and what the disallowance is?' Senator WATT: Which journalist was that? Dr Skerritt: I talk to a lot of journalists. I would have to take the name on notice.	115 - 29/05/2017
SQ17-000620	2 - Health Access and Support Services	O'Neill, Deborah	ALP	PHNs	Senator O'NEILL: Are you clear about what you want to achieve? Have you been given a brief and a set of outcomes? Dr Brown: I am relatively clear of what we want to achieve, yes. Senator O'NEILL: I might ask you to provide that on notice, if you can. That would be wonderful. Dr Brown: Yes.	41 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000621	5 - Regulation, Safety and Protection	Rhiannon, Lee	AG	Cosmetic Testing on Animals	Senator RHIANNON: I think that you have probably covered it, but I noticed that there were the two announcements. There was one in the budget and there was one in MYEFO. I will check about the MYEFO announcement. Will Australian companies be banned from manufacturing, developing, importing or selling animal tested cosmetic products, or ingredients, under the last MYEFO announcement that set out a ban on the sale of cruel cosmetics? Mr Cormack: What we have said today covers the lot, and that is the way the government proposes to deal with that issue and to implement their election commitment. Senator RHIANNON: What about the advertising for sale of these products via the internet. Will what you are doing also capture that? Mr Cormack: I will take that question on notice, specifically in relation to that aspect of it.	123 - 29/05/2017
SQ17-000622	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Workforce Strategy	Senator POLLEY: Will the government adopt the aged care workforce strategy that is supposed to be produced by the task force as government policy? Ms Rule: That will be a matter for the government. Senator POLLEY: Minister, you might be able to shed some light on it. Senator Nash: No; unfortunately, I am not the minister responsible, but— Senator POLLEY: Can you take that on notice? Senator Nash: I can take that on notice for you.	90 - 30/05/2017
SQ17-000623	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Bexsero vaccine	Senator SINGH: I go back to the PBAC. Professor Murphy, when was the last time Bexsero vaccine was considered by the PBAC? Prof. Murphy: We will take that on notice, but we think it was late 2015. I should point out that the incidence of meningococcal B last year was the lowest it has been in probably 20 years. There were only 92 cases in the whole of Australia, and in fact it has been steadily dropping from a 2001 peak of nearly 300 cases to 92 cases last year despite the absence of a vaccine on the National Immunisation Program. Our actual concern is more about meningococcal W, which has been increasing in recent times and last year was more prevalent than meningococcal B.	125 - 29/05/2017
SQ17-000624	6 - Ageing and Aged Care	Polley, Helen	ALP	Tabled Document	Senator POLLEY: Yes. I just want to quickly go back to the document that was tabled and ask if there is anything you want to add to whether or not you recognise those figures or you are disputing those figures, bearing in mind that we do not have a lot of time. Dr McCarthy: That is not a document that we have with us, and it does not have any kinds of identifying markers on it that would enable us to determine whether or not it is a departmental document. CHAIR: Do we have a source for this—as in a booklet? Senator POLLEY: A very reliable source. CHAIR: Okay, one of those. Senator POLLEY: Yes. Mr Bowles: It will be a bit hard if we cannot identify where this comes from. We can take it on notice. Senator POLLEY: You can take it on notice. I do not know where it came from either. It just appeared. We do not want to waste any more time.	91 - 30/05/2017
SQ17-000625	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	No Jab No Pay	Senator SINGH: I want to move to No Jab, No Pay. From 1 January last year, an additional \$6 incentive payment was made available to vaccination providers and GPs who followed up and vaccinated children who were more than two months overdue for their childhood vaccinations. How many payments have been made? Ms Appleyard: We will have to take that question on notice.	126 - 29/05/2017
SQ17-000627	5 - Regulation, Safety and Protection	Singh, Lisa	ALP	Catch-up Vaccines	Senator SINGH: What percentage of currently unvaccinated 10- to 19-year-olds are expected to have completed catch-up schedules by the end of the program? Ms Somi: Can I take that on notice? We did do some calculations to try to estimate the number of children we expected to take up the catch-up program. It is a little bit complicated because we anticipate there will be some children who might be missing one vaccine; whereas other children may not have received any vaccines at all. It is a little bit complicated. We have not done a lot of work in this 10 to 19 age group, so we know we need to do some research to better understand their needs.	127 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000628	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Rural Generalist Pathway	Senator Nash: There was a discussion at the time—from recollection—around the National Rural Generalist Pathway that we had been discussing. It was around workforce issues, and that was one of the things that we indicated would be one of the first priorities. It is now within the purview of Minister Gillespie, and I certainly do not want to cut across what he is doing, but I do not think that was exclusive of other things happening at the time. We indicated that was one of the key priorities, but I am very happy to take that on notice.	45 - 30/05/2017
SQ17-000629	1 - Health System Policy, Design and Innovation	Singh, Lisa	ALP	Medical Research Future Fund	Senator SINGH: Okay. There is not a lot of detail in the budget papers on the disbursements. That is why I am asking these questions. If you could give a more detailed breakdown of the projects— Mr Cormack: Sure. Senator SINGH: by project. Ms Kneipp: There is a fact sheet on the health department website for each of the announced measures. Mr Cormack: Is there any one in particular you would like to— CHAIR: Would you be able to table those for us? Ms Kneipp: Yes.	129 - 29/05/2017
SQ17-000630	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Remote area nurse safety	Senator KAKOSCHKE-MOORE: Did you in the past, when you were first involved with this? Senator Nash: No, I was the Minister for Rural Health, but Minister Ley was the senior minister and so she did the COAG arrangements. Senator KAKOSCHKE-MOORE: Did she take the issue of remote area nurse safety to COAG? Senator Nash: I would need to check, but from recollection I think she did after the initial round table that we had. Mr Bowles: I would have to take on notice the detail, but my recollection is that it has definitely been discussed at a COAG Health Council meeting. I cannot recall all the details, but it was clearly an issue that many of the ministers were particularly interested in at the time. I can take on notice when that might have been discussed.	46 - 30/05/2017
SQ17-000632	1 - Health System Policy, Design and Innovation	Singh, Lisa	ALP	My Health Record	Senator SINGH: So the savings are coming from diagnostic imaging? Ms Konti: Reductions of the duplication in pathology and diagnostic imaging that will be able to accrue when that information is in the My Health Record and once the My Health Record system has moved to opt-out participation. Senator SINGH: The measures say that some of the savings come from health system efficiencies. Ms Konti: That is the other area of savings. Senator SINGH: What exactly are they? Ms Konti: We will have to take that on notice. Senator SINGH: Are they savings from Medicare? Mr Bowles: No, this has got nothing to do with MBS or PBS. Senator SINGH: I am trying to give you examples. Mr Bowles: I have already said that it is efficiencies across the health system, particularly hospitalisation issues—the whole range of issues across the system. It will impact on all parts of the system—yes, probably MBS, PBS, hospitals and the whole lot. Senator SINGH: It will? Mr Bowles: It has to, because if you reduce duplication of testing, it has to have an impact. Again, this is about improving health care for patients. If you reduce duplication and stop people getting the wrong drugs and getting adverse events from the wrong drugs, you get a benefit to the system and, most importantly from my perspective, you get a benefit for patients. Senator SINGH: I think you were taking on notice to provide the savings coming from the health system efficiencies. Ms Konti: Yes. Senator SINGH: Could I have a breakdown by program and year, when you provide that on notice? Mr Madden:	132 - 29/05/2017
SQ17-000634	2 - Health Access and Support Services	Watt, Murray	ALP	Drug and alcohol services	Senator WATT: I have some questions about the department's approach to drug and alcohol services. Can you please provide the average waiting time for someone to access residential rehab services in each state and territory? Dr Studdert: I do not have my key advisers here, but I am fairly certain we would have to take that on notice. It is a matter for the states and territories— Mr Bowles: It would be a state and territory issue, Senator. Senator WATT: If you could take on notice a state-by-state breakdown—	46 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000635	2 - Health Access and Support Services	Abetz, Eric	LP	Complaints	Senator ABETZ: In previous years has it also been the case that they have rolled over and you have had continuing investigations? The figure I have is 59 in 2012-13 rolled over to be 59 in 2013-14 and then 226 in 2014-15. In that figure of 226, could we assume that some of the 59 from the previous year are added in? Dr Studdert: I think that would be correct. Senator ABETZ: That is what I wanted to check. In the event that that is not correct, could you get back to us on notice please. I would be much obliged. Dr Studdert: Absolutely.	49 - 30/05/2017
SQ17-000636	2 - Health Access and Support Services	Watt, Murray	ALP	Residential rehab	Senator WATT: I go back to where we were before the lunch break. I think we were told that six of the 31 PHNs had commissioned new rehab services. Dr Studdert: 'Residential rehab' was the distinction. Senator WATT: Which PHNs are they? Dr Studdert: We would have to take that on notice. I do not think we have that level of detail here today. Senator SIEWERT: Here today or right now? Surely some of your staff here will have those things. Dr Studdert: I can undertake to try to get it to you.	49 - 30/05/2017
SQ17-000637	6 - Ageing and Aged Care	Macdonald, Ian	LP	Aged Care Approvals Round	Senator IAN MACDONALD: A higher standard— Dr Hartland: More expensive. Senator IAN MACDONALD: A higher standard the normal, than what the average might be? Dr McCarthy: That's right. Ms Rule: But it has been some time since we have offered Extra Service Status places under the Aged Care Approvals Round. It has been a number of years; I cannot tell you exactly how many; I would have to take that on notice. But they are no longer something that is commonly offered through the Aged Care Approvals Round. Senator IAN MACDONALD: Are there many homes still have that status? Ms Rule: I would have to take that on notice.	93 - 30/05/2017
SQ17-000638	1 - Health System Policy, Design and Innovation	Singh, Lisa	ALP	My Health Record	Senator SINGH: We will see. The measure also says that some savings come from utilising 'uncommitted health program funds'. Which programs are they? Can you provide a breakdown? Mr Bowles: We would have to take on notice specifically where they would be, but if we have uncommitted funds in some of our program areas we would look to use those. We can take that on notice though. Senator SINGH: If you could take on notice some kind of a breakdown.	133 - 29/05/2017
SQ17-000639	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	NHMRC Funding	Prof. Kelso: It is a requirement that results will be published, but the exact way that that will be achieved is not something that is spelt out in our funding agreements with administering institutions. We have a broad funding agreement which covers the full range of the type of research that NHMRC funds. We do not have a specific funding agreement for clinical trials. Senator GRIFF: On notice, could you provide a standard agreement that you would have? Prof. Kelso: Yes, of course.	139 - 29/05/2017
SQ17-000640	6 - Ageing and Aged Care	Macdonald, Ian	LP	Extra Service Status Places	Senator IAN MACDONALD: Okay. I will do that between now and the next estimates, and perhaps come back next estimates and ask. I will also come with the letter from the Bowen home for the aged so that we can talk about their situation, where they are not eligible. Apparently, after three years of applying, I think, they have now worked out that they are not eligible. I would be interested if you could tell me on notice why a particular home would keep applying if you had advised them the year before that, because of their ESS status, they should not waste their time applying. Ms Rule: We can take that on notice.	96 - 30/05/2017
SQ17-000641	2 - Health Access and Support Services	Watt, Murray	ALP	Alcohol and drug services	Mr Laffan: I think it is important to make a distinction here as well that the people who do present to the wide variety of alcohol and drug services that are available are assessed and treated on the basis of clinical need, so that those people who need those services the most are able to access them. Senator WATT: Could you take that on notice? I understand it might involve some collection of data if it is not something that you have readily to hand. Dr Studdert: I would see if there are some other datasets that are not Commonwealth that we could point you to. Senator WATT: Okay. Maybe you could do that. Dr Studdert: Yes.	50 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000642	6 - Ageing and Aged Care	Siewert, Rachel	AG	Better Access	Senator SIEWERT: So we are still in the position we were in previously where older people cannot access it because they are no longer classified as patients? Dr McCarthy: It remains the case that the program is not available to people in residential care. Senator SIEWERT: I have been reading through this. Could that be fixed by regulation? Dr Hartland: We would have to look at the MBS legislation. I do not think either Dr McCarthy or I— Dr McCarthy: We would need to take that on notice.	97 - 30/05/2017
SQ17-000644	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	ME / CFS	Senator LUDLAM: Yes, I get that. I do not think I am giving away trade secrets here. The NCNED is not intending—as far as I am aware—to apply for any of the funding that they would be designing the guidelines around. Rather than me being some kind of awkward intermediary, have you had any discussions with them directly about their participation in the reference group? Prof. Kelso: I have not personally. I would need to seek the advice of our team as to whether there has been any such discussion. Senator LUDLAM: If you could. Prof. Kelso: I would be surprised if there has been at this stage, but, if there has been, we can let you know.	141 - 29/05/2017
SQ17-000645	6 - Ageing and Aged Care	Siewert, Rachel	AG	Mental Illness in Aged Care	Senator SIEWERT: We know how many people are in aged care and we know the percentage of people in aged care who are likely to have a mental illness. Dr McCarthy: As my colleagues may have mentioned previously, while I know it is not a substitute, there is the chronic disease management item under which a residential GP can contribute to a care plan prepared by the facility and the resident may then be eligible for referral. I know it is not the same as Better Access, but there is an avenue. Senator SIEWERT: Yes. How many people? Dr McCarthy: I do not have that data. Senator SIEWERT: You do not have it, but can you take it on notice? Dr McCarthy: I could take that on notice, yes. Senator SIEWERT: Could you take on notice how many people in residential aged care have accessed or have had a chronic disease care plan done? Dr McCarthy: I can take that on notice.	97 - 30/05/2017
SQ17-000646	1 - Health System Policy, Design and Innovation	Ludlam, Scott	AG	ME / CFS	Senator LUDLAM: You mentioned before the National Institutes of Health in the United States. We danced around this area last time, in that some research money in past years has been spent by the NHMRC in New South Wales on research and treatments that encourage people to exercise, and that that is incredibly damaging for people with this condition. The director of the National Institutes of Health, Dr Francis Collins, has said that any exertion just makes you worse, and that is why I am harping on about it, even though I am not doing a particularly articulate job of it. The sooner we can get solid, consistent information into the hands of GPs, the sooner people with this condition will not be prescribed harmful treatments. Does that need to wait for a targeted call for research, or could that happen much sooner on the basis of already-existing evidence? Prof. Kelso: I do not think I can answer that question. I do not have the detailed scientific expertise, and that sounds like a clinical question that would be beyond our remit. Senator LUDLAM: Whom can I put that to? That is probably an unfair question as well. Is there anybody else at the desk who could answer? I know it is late. Prof. Murphy: We will take it on notice. It is a very disputed area. I think there are still some Australian experts on this disease who would dispute the assessment that you describe, but I have not looked at the evidence recently. Senator LUDLAM: There are no patients who dispute it, though. Prof. Murphy: I am sure there are patients who dispute it too. I am very happy to take on notice and review the basis of the evidence for that statement by Dr Collins and get back to you.	141 - 29/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000647	6 - Ageing and Aged Care	Siewert, Rachel	AG	Chronic Disease Care Plan Costings	Senator SIEWERT: In terms of the costing, could you take on notice whether you have done any, Dr Hartland. I interpreted what you said as that you weren't sure—that there hadn't been any costings done? Dr Hartland: I was not sure whether a formal costing had been done, no. Senator SIEWERT: Could you take that on notice to see if there has been; and, if there has, what it is? Dr Hartland: I think I have seen answers in the past about whether advice has been provided but, rarely, if the government has not published what the nature of that advice is. Senator SIEWERT: I missed what you said? Dr Hartland: We will take it on notice. Senator SIEWERT: It would be useful to know if you have. Dr Hartland: I suspect the answer will be that we would not be able to tell you what the actual outcome of the costing would be. Senator SIEWERT: Okay, but you can tell me whether you have done one— Dr McCarthy: We can.	98 - 30/05/2017
SQ17-000648	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Letters	Senator POLLEY: A range of clients were sent paperwork that included a unique referral code after 27 February suggesting they had been allocated a package when in fact they had only been added to the national queue. Can you confirm that this occurred? Dr McCarthy: To clarify, you are asking whether someone had been informed that they had been allocated a package but had not? Senator POLLEY: Yes. They had only been added to the queue. There was a unique referral code suggesting that they had been allocated a package when in fact they had not; they had just been put on the queue. Did this happen? Ms Buffinton: I am aware that there has been a small number—well less than one per cent of letters— Senator POLLEY: You are saying less than one per cent? Ms Buffinton: Yes. Senator POLLEY: What is that figure? Do you have the actual figure? CHAIR: The raw number. Ms Buffinton: I will have to take that on notice. A very small percentage of clients received home care letters with some incorrect information.	102 - 30/05/2017
SQ17-000649	6 - Ageing and Aged Care	Polley, Helen	ALP	Residential Aged Care Places	Ms Rule: I do not have them in a form that is suitable to table, but I can tell you that around 39 services have advised us that they now have those places operational. Senator POLLEY: Where are they? Ms Rule: I would have to take that on notice. I do not have a list of the 39. Senator POLLEY: You would not be able to tell us now what states and whereabouts? You can take that on notice. Ms Rule: I can take that on notice. Senator POLLEY: How many of the residential aged care places allocated in the previous ACAR rounds remain nonoperational? Ms Rule: I would have to take that on notice. I do not have it, as it relates to the last aged-care approvals round.	105 - 30/05/2017
SQ17-000650	6 - Ageing and Aged Care	Polley, Helen	ALP	Oakden Documentation	Senator POLLEY: Was the agency ever refused permission to conduct an unannounced visit during the period of accreditation of the Oakden facility? Mr Ryan: By means of background, Oakden is a mental health facility that comprises three wings. The Clements wing is not a residential aged-care facility and we cannot particularly comment on what occurs in that wing. The Makk and McLeay wings are residential aged-care facilities. I would have to take on notice whether there was a specific refusal of access. Normally, providers, where we conduct an unannounced visit, do understand that we have a regulatory basis to be there and they cooperate with the visit. I might take that on notice specifically. Senator POLLEY: Okay.	110 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000651	6 - Ageing and Aged Care	Griff, Stirling	NXT	Oakden Documentation	Senator GRIFF: I appreciate that. We all have to move forward on this. In 2016, you collected care, recipient and staff surveys, I understand. Who conducted these surveys? Mr Ryan: I do not know specifically. Are you reading from one of our reports? When you say 'surveys', do you mean interviews? Senator GRIFF: It is stated as 'care, recipient and staff surveys'. Dr McCarthy: If that is one of the documents from the return to order, we have the return to order documents in another room and indexed. Would you find it helpful if we had those in front of us and I could speak from the documents? Senator GRIFF: No. On notice, what I would like to do is be able to receive copies of those, if I could. Mr Ryan: We believe that, other than the interviews that we have undertaken, the provider undertook its own surveys. We may well have cited them. We will take it on notice and we will provide whatever information. We have already tabled that information in the Senate according to the order, but I am happy to check and validate that.	114 - 30/05/2017
SQ17-000652	6 - Ageing and Aged Care	Griff, Stirling	NXT	Reaccredited Facilities	Senator GRIFF: Can you provide, again on notice, in more detail the facilities nationally that are being reaccredited for a full term and have subsequently been sanctioned over the past 10 years? Mr Ryan: We would take that on notice, if it is 10 years. Dr Hartland: I think almost by definition every service that we have sanctioned would have been reaccredited some time over the last 10 years, because otherwise they would not be in the system. I am not sure what this is going to actually show you, but we will take it on notice and see.	115 - 30/05/2017
SQ17-000653	3 - Sport and Recreation	Farrell, Don	ALP	Sports Funding	Senator FARRELL: Minister, can you tell us whether or not the government has had any discussions with the states or territories to ensure that they will not be cutting back any sports funding as a result of any income they receive from the lottery? Senator Nash: I am not aware of specific discussions, Minister. I am happy to take that on—... Senator FARRELL: So you are saying that, when the minister says it is additional funding, that is also— Senator Nash: No, I am saying that my expectation would be that it was. But I am clearly not the minister, so I have undertaken to take that on notice for you. I have simply made the comment that he has stated that it is additional funding. Senator FARRELL: My question, obviously, is in relation to whether the states and territories think similarly. Senator Nash: And clearly I cannot comment on that, Senator. Senator FARRELL: No, but you are going to check it out. Senator Nash: I will most certainly take it on notice for you.	120 - 30/05/2017
SQ17-000654	3 - Sport and Recreation	Farrell, Don	ALP	Sports Lottery	Senator FARRELL: Good. Now, the Sports Commission presumably has been aware of previous plans and ideas regarding a sports lottery? Ms Palmer: Being new to this role I am unaware— Senator FARRELL: [inaudible] last estimates. Ms Palmer: I can take that on notice.	121 - 30/05/2017
SQ17-000655	3 - Sport and Recreation	Farrell, Don	ALP	Sports Lottery	Senator FARRELL: What did the preliminary advice suggest as to the constitutional validity of a lottery? Dr Studdert: I am a bit hesitant to quote that without it in front of me, but there are mechanisms for the— Senator FARRELL: There is some written advice on this? Dr Studdert: I would have to take that on notice. Senator FARRELL: You do not know whether or not there is written advice? Dr Studdert: I actually do not know whether there is written advice. Senator FARRELL: So what were you referring to when you said there was some advice? Dr Studdert: Well, as I said, there have been early conversations— Senator FARRELL: Was that oral advice? Dr Studdert: I would have to take that on notice whether it was actually in writing, but there have been early conversations and there are mechanisms for the Commonwealth—	122 - 30/05/2017
SQ17-000656	2 - Health Access and Support Services	Watt, Murray	ALP	Residential rehab beds	Senator WATT: Do you have any figures on the number of residential rehab beds available in each state and territory? Dr Studdert: Again, we would have to look for other data sources for that.	50 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000657	3 - Sport and Recreation	Farrell, Don	ALP	Sports Lottery	Senator FARRELL: Yes. The model that gets the \$70 million: what particular feature does it have that makes it so much better than the worst-case model? Mr Howes: It is much more about market size and propensity to pay than anything else. Senator Nash: Size does matter! Senator FARRELL: How do you make some judgement values about those. How do they, these experts— Mr Howes: The methodology usually involves doing some kind of market analysis. Senator FARRELL: Did they do that this time or will that be the next step? Mr Howes: There was some preliminary work done, but we need to get some more of what we would call robust advice. Senator FARRELL: Are you able to provide us with the information that has been gathered so far? Mr Howes: I will take that on notice.	125 - 30/05/2017
SQ17-000658	3 - Sport and Recreation	Farrell, Don	ALP	Sports Lottery	Senator FARRELL: Yes. I have written down 'four state premiers', but I have a feeling it was four sports ministers. Does anyone happen to know who the minister has consulted with from the states about the lottery? Dr Studdert: No, I do not know which states or territories he has consulted with. Senator FARRELL: Minister, do you happen to know? Senator Nash: I think you asked me that before, didn't you? Senator FARRELL: It is the first time I have asked you that question. Senator Nash: No, I do not know, but— Senator FARRELL: I would remember if I had asked you. Senator Nash: I am happy to take that on notice.	125 - 30/05/2017
SQ17-000659	2 - Health Access and Support Services	Watt, Murray	ALP	Newstart allowance	Senator WATT: I think that is important to know. Is there anyone present who was involved in those discussions? Mr Smith: Yes, the department was consulted. Senator WATT: Prior to the announcement of this measure? Mr Smith: Yes. Senator WATT: When did that occur? How far before the budget? Mr Smith: I would want to take that on notice. In the weeks and months leading up to, but I would be very careful about giving you a date without checking that.	50 - 30/05/2017
SQ17-000660	3 - Sport and Recreation	Farrell, Don	ALP	National Sports Plan	Senator FARRELL: Has the Office of Sport provided any briefs to the minister's office for any meetings with state ministers about the national sports plan? Dr Studdert: Generally our briefs to the minister for meetings with a sports minister or a premier would cover a range of issues. I am being advised that there is no specific brief on a specific meeting about the lottery. I think in some cases those conversations were probably opportunistic when involved in other meetings and interactions, but we can certainly take that on notice and give you— Senator FARRELL: So, to the best of your knowledge, you have not been asked to provide any advice in advance of the minister speaking with a state or territory— Dr Studdert: Not in relation to a specific meeting about the lottery, no. Senator FARRELL: What about the National Sports Plan? Dr Studdert: I do not believe so, but I would be happy to take that on notice.	126 - 30/05/2017
SQ17-000661	2 - Health Access and Support Services	Watt, Murray	ALP	ANACAD	Senator WATT: But ANACAD has not raised any issues with the health department? Mr Smith: ANACAD discussed it at their meeting. I would need to take on notice whether there has been any formal correspondence in relation to the outcomes of that discussion.	51 - 30/05/2017
SQ17-000662	3 - Sport and Recreation	Farrell, Don	ALP	Meeting with Sports Ministers	Senator FARRELL: State ministers could not attend. Dr Studdert: Of course, that is a dance around finding a date that works for everyone, and my understanding is that that was not possible. Mr Smith: A meeting is scheduled, or is being planned, for August. Senator FARRELL: August? Okay. Mr Smith: I would have to take the exact date on notice.	126 - 30/05/2017
SQ17-000663	3 - Sport and Recreation	Farrell, Don	ALP	Staffing - Australian Sports Commission	Senator FARRELL: I am not asking you to do this now but could you provide us with a breakdown of the staff at the ASC, including the basic details of what they do and what payment and they sit under. Ms Palmer: Yes. Senator FARRELL: And could you also specify which staff are employed specifically to run the day-to-day operations at the AIS. Ms Palmer: Yes.	128 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000664	2 - Health Access and Support Services	Di Natale, Richard	AG	ANACAD	Senator DI NATALE: Independently of ANACAD's involvement, was the department consulted prior to the announcement? Mr Bowles: Yes. Senator DI NATALE: I thought that was the answer you gave. On how many occasions? Mr Smith: I would have to take that on notice.	53 - 30/05/2017
SQ17-000665	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and alcohol treatment	Dr Studdert: Senator, because I was not a party to those conversations, can I take on notice to give you a more specific answer around the nature of the advice that was provided? I think it was probably broader than just the location of services. I think the nature of services, the work that we are doing through the ice action strategy and the consultations that were done as part of the ice action strategy were likely part of those conversations. We are very happy to give you a little bit more information so as not to oversimplify in characterising that advice.	55 - 30/05/2017
SQ17-000666	3 - Sport and Recreation	Farrell, Don	ALP	Commonwealth Games Funding	Senator FARRELL: That is right—there did not appear to be any revenue measures relating to the Melbourne Commonwealth Games, so we assume that they were not charged for, but they are going to be charged for this time? Mr Bowles: I cannot comment on 2006, but it is not unusual practice to do revenue collections based on cost recovery arrangements for a range of those services. Senator FARRELL: So you think that they may in fact have been done in 2006? Mr Bowles: I do not know, but it is not unusual to do cost recovery for large-scale exercises. It happened, I am pretty sure, in a number of the other major sporting events that we have dealt with in the past, from memory. Mr Smith: We would want to take specifics of that on notice in relation to previous sporting events. Senator FARRELL: Will you? Mr Bowles: Yes. Senator FARRELL: Could you give us a bit of a comparison between this and the last one? Mr Smith: Yes, we can have a look at that.	130 - 30/05/2017
SQ17-000667	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Life Education funding	Senator KAKOSCHKE-MOORE: Was the funding that had been provided previously to Life Education from Nation Ice Action Strategy funding? Dr Studdert: It was not Ice Action Strategy funding, no. I think we will take that on notice to identify the specific source and let you know.	56 - 30/05/2017
SQ17-000668	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Life Education	Senator KAKOSCHKE-MOORE: Can you tell me why the decision was made to discontinue the funding to Life Education? Mr Laffan: We would need to take that on notice. But you will appreciate there are lots of competing priorities in the drug and alcohol space.	56 - 30/05/2017
SQ17-000670	3 - Sport and Recreation	Farrell, Don	ALP	Ministers Travel - Commonwealth Games	Senator FARRELL: I previously asked some questions on notice—and I am mindful ASADA is here, and this will be the last question about this before ASADA; I do not want them to think that we are not interested in asking them some questions. In the answer to question on notice 97, from the last round, we were informed that Minister Ley, despite some pretty frequent trips to the Gold Coast, only ever attended three events or meetings in relation to the Commonwealth Games. Can you tell us how many visits Minister Hunt has made to Queensland? Mr Bowles: No. We do not look after his diary, so it would be a matter best asked of the minister. Senator FARRELL: Minister, do you happen to know how many visits Minister Hunt— Senator Nash: I do not have access to his diary either, but I can take that on notice for you. Senator FARRELL: Could you, and find out how many times he has been up there to visit them? I have a few other questions but I will put them on notice, if you do not mind, and maybe in the remaining few minutes that we have got we will have a chat. Thank you for answering those questions for me.	130 - 30/05/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000671	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The major ATSIPEP Report was publicly released on 10 November 2016. In a Media Statement that same day, the then Health Minister Sussan Ley, said as follows: "The Coalition Government has committed to trialling the community-led approaches recommended in the report." http://www.nigelscullion.com/media+hub/Community-led+solutions+for+Indigenous+suicide+prevention In May 2017, some six months after the ATSIPEP Report's release, how many of the 17 recommendations have been enacted?	Written
SQ17-000672	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The major ATSIPEP Report contains the following, as Recommendation Number Two: "All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care." Beyond the fact that the Government is implementing Regional Suicide Prevention Trials in the Kimberley and in Darwin, what steps and measures is the Government taking in order to implement the specific recommendation contained in the ATSIPEP Report for a focus on cultural renewal?	Written
SQ17-000673	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The major ATSIPEP Report states as follows: "There are several promising examples of Elder-driven, on-country healing programs for youth to help them become stronger and think differently about themselves..... The Yiriman Project (WA) aims to 'build stories in young people' and keep young people alive and healthy by reacquainting them with country.... The Yiriman model is a means of providing young people with opportunities to participate more fully in life through community events and a range of other events." In 2010 the Department of Health funded the Kimberley Aboriginal Law and Culture Centre to develop a Yiriman Business Plan. This Business Plan was provided to the Department of Health in November 2010. In the six and a half years since, what has been the Department of Health's response to the Yiriman Business Plan which the Department itself funded?	Written
SQ17-000674	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The Minutes of the 01 May meeting of the Kimberley Regional Suicide Prevention Working Group contain these words: "Steering Committee to action the following items from working group discussion before the next working group meeting: "Progress mapping/project development of Minister Wyatt priority - Culturally based activities.' In evidence to the Senate Estimates Committee on 30 May, the Health Department officers identified the regional priorities and themes for the Kimberley as being: 'Parenting; Linking with AOD programs; After hours crisis support; Schooling and Education.' Not once was there any mention of Aboriginal Culture. KALACC is represented on the Working Group by Merle Carter and by Wayne Barker and represented on the Executive Steering Committee by Wes Morris. Is the mapping and project development of culturally based projects Minister Wyatt's priority and, if so, why was no mention of Aboriginal culture made during the Senate Estimates hearings on 30 May?	Written
SQ17-000675	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The Kimberley Roundtable Report within the ATSIPEP processes states as follows: "Aboriginal and Torres Strait Islander participants strongly supported existing programs that work such as on-country programs, mentoring and youth leadership should be adequately invested in and "rolled-out wherever possible". Participants expressed the need for Governments to invest in Aboriginal-led social and emotional wellbeing approaches in programs." What actions is the Government taking to adequately invest in existing on – country programs in the Kimberley, such as the Yiriman Project, and when will the Government respond to the 2010 Yiriman Business Plan?	Written

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SQ17-000676	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	In November 2016 the WA Parliament Education and Health Standing Committee brought down its Learnings from the message stick The report of the Inquiry into Aboriginal youth suicide in remote areas. In his Chairman's Foreword, Dr Grahame Jacobs writes as follows: "The various reports and inquiries the Committee considered during this Inquiry made a broad range of recommendations. Perhaps the most important, yet least enacted, were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate." Finding # 8 in that Message Stick Report reads as follows: "Finding 8 Page 57 There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide." What actions is the Commonwealth Government taking in order to ensure that the majority of its suicide prevention investments are directed to the most efficacious programs ie culturally – based programs?	Written
SQ17-000677	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The Hon Roger Cook, WA Minister for Health, wrote on 28 April 2017 to the Kimberley Aboriginal Law and Culture Centre. In that correspondence the Minister broadly indicated that the State Government's responses to the Message Stick Report will be informed by the deliberations of the Kimberley Regional Suicide Prevention Trial Working Group. Given that the clear message of the Message Stick Report is that nothing works better than culturally based programs [finding #8], what direction is the Working Group providing to the State Government about how its investments in the Kimberley should be directed?	Written
SQ17-000678	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	On 08 April 2017 the United Nations Special Rapporteur on the rights of indigenous peoples, Ms Victoria Tauli-Corpuz, delivered her United Nations End of Mission Statement on the rights of indigenous peoples following her recent visit to Australia. She spent two days in the Kimberley, in which time she engaged with a wide range of Aboriginal organisations, including KALACC. Ms Tauli – Corpuz writes as follows: "Aboriginal and Torres Strait Islanders told me about feelings of powerlessness, loss of culture and lack of control over their lives. Suicide rates among Aboriginal and Torres Strait Islander people are escalating at a shocking rate and are double that of non-Indigenous Australians. The current situation has been described as a suicide epidemic. While I was in the Kimberley, I learnt about youth developed and driven projects to prevent suicide among Aboriginal adolescents and strongly urge that such initiatives be supported and replicated. Adopting a holistic approach to social and emotional well-being, which recognises the need for cultural connection, is key to achieve sustainable improvement in health indicators." What actions is the Commonwealth Government taking in order to respond to the clear recommendations from the United Nations that the programs that need to be invested in in the Kimberley region are holistic and focus on cultural connections?	Written
SQ17-000679	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	Over the last five years, the Kimberley region has on each and every year represented not less than 10%, and sometimes as high as 15%, of all Aboriginal suicides in Australia. In testimony to the Senate Estimates Committee on 30 May the Health Department indicated that mental health and suicide prevention investments were being apportioned across the nation on a per capita basis. Is this an appropriate allocation model and shouldn't the allocations instead be apportioned on a needs basis?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000680	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The minutes of the 1 May meeting of the Kimberley Regional Suicide Prevention Working Group contain these words: "Steering Committee to action the following items from working group discussion before the next working group meeting: "Progress mapping/project development of Minister Wyatt priority - Culturally based activities.' In December 2011 the Department of Prime Minister and Cabinet provided to the Tripartite Forum Kimberley Investment Reports. That report showed a total four – year West Kimberley investment of \$658 million. Of that figure, just \$10 million over four years was allocated to Culture, Arts and Language. When the Kimberley Regional Suicide Prevention Working Group develops its mapping of culturally based activities, will the Government at the same time present to the Working Group an overall assessment of total government investments across all agencies in to the Kimberley region?	Written
SQ17-000681	2 - Health Access and Support Services	Sterle, Glenn	ALP	Indigenous Suicide	The minutes of the 1 May meeting of the Kimberley Regional Suicide Prevention Working Group contain these words: "Steering Committee to action the following items from working group discussion before the next working group meeting: "Progress mapping/project development of Minister Wyatt priority - Culturally based activities.' According to the Productivity Commission's 2014 Indigenous Expenditure Report, combined Federal and State Government funding on direct Aboriginal cultural activity in WA was \$36.40 million (0.74 per cent of the combined total Federal and State Government expenditure in Aboriginal services in 2012-13 in WA). http://www.pc.gov.au/research/ongoing/indigenousexpenditure-report What steps is the Commonwealth taking to ensure that the support for Aboriginal culture does not in future represent less than one percent of Government Indigenous expenditures in Western Australia?	Written
SQ17-000682	2 - Health Access and Support Services	Sterle, Glenn	ALP	ATSISPEP Report	a) Which of the 17 recommendations from the ATSISPEP report have been implemented or are to be implemented and when? b) Will the Evaluation Tools and Assessment Tools from within the ATSISPEP be rolled out nationally into the Aboriginal and Torres Strait Islander suicide prevention space in order to authenticate and measure what works in suicide prevention programs and efforts? c) What outreach services are available to critically at-risk individuals?	Written
SQ17-000683	2 - Health Access and Support Services	Sterle, Glenn	ALP	Kimberley Suicide Statistics	a) Does the Department agree that thereabouts ten per cent of the nation's Aboriginal suicides are in the Kimberley alone? b) What does the Department say about the startling statistics claimed of the Kimberley by Gerry Georgatos of the level of poverty and homelessness among Aboriginal peoples? c) Can you provide detail as to what you are doing to address this?	Written
SQ17-000685	4 - Individual Health Benefits	Duniam, Jonathon	LP	Child Dental Benefits Schedule	a) What conditions are placed on a state government participating in the Child Dental Benefits Scheme with regard to maintaining existing state-based effort and funding for public dentistry? b) Has a state government breached this condition and how has (or would) such a breach been managed?	Written
SQ17-000686	4 - Individual Health Benefits	Duniam, Jonathon	LP	Royal Flying Doctor Service Dental Program	a) Has the Royal Flying Doctor Service has been given all the conditions of the program? b) How are health promotion and transport costs of patients are to be funded? c) On that basis that that dental treatment for adults is limited to people holding health care cards, how will a community health approach to dental care be maintained or provided for those without health care cards, particularly in indigenous communities?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000687	2 - Health Access and Support Services	Williams, John	NATS	Intake of Trainees	Waiting times in our rural community for patients to access Dermatological, ENT and Neurosurgical services are anywhere between 15 and 18 months. I'm told even Private Patients with urgent appointments have to wait for 4 - 6 weeks in some cases. In spite of the increasing demand for such services, the numbers of trainees accepted into the programme has not increased. a) In the current situation where access for services is an issue across rural and regional areas, is there any scope for increasing the numbers of people accepted for training? b) Does the Department take into account the increasing population when looking at the intake number - can it be more flexible? c) Has there ever been consideration of giving preference or extra weighting to applicants who are from a rural background, because history shows they are more likely to return to practice in a rural or regional area?	Written
SQ17-000688	4 - Individual Health Benefits	McAllister, Jenny	ALP	Private Health Insurance Participation	Budget Statement 3 (P 3-32) notes there is a reduction in growth in private health insurance participation. How much is the reduction in the growth rate? - Could you break down the \$1.1 billion variation over the forward estimates? - Can you provide numbers of recipients of the rebate, and by rebate income group? - Is this putting pressure on other parts of the budget? Will this impact hospitals, and the Commonwealth obligations under the agreements with the States?	Written
SQ17-000689	2 - Health Access and Support Services	Lambie, Jacqui	JLN	Mersey Community Hospital	In 2007 the commonwealth was responsible for the running of the Mersey Community Hospital in Tasmania. In 2017 the Federal government has handed it back to the Tasmanian state government along with a payment of \$730 million as running costs for the next decade. a) How do the costs per patient by DRG diagnosis-related group compare between the Mersey and other equivalent regional hospitals? b) Was the commonwealth any more efficient at running a hospital than the states on average? c) Is there any IHPA data providing an accurate evaluation? d) What factors and conditions were placed on the Tasmanian State Government to determine the one off payment of \$730 million to the Tasmanian government to get them to take back the running of the hospital?	Written
SQ17-000690	2 - Health Access and Support Services	Urquhart, Anne	ALP	Mersey Hospital	On the Mersey Hospital deal between the Commonwealth and Tasmanian Governments (announced on 5 April 2017) is for the Commonwealth to return ownership of the hospital to the Tasmanian Government and provide a one-off payment, exempt from GST calculations, of \$730.4 million by June 30 2017. In coverage of the announcement, the Tasmanian Minister for Health said the money would be quarantined for operations of the Mersey Hospital and would last between 10 and 12 years. Can the Department of Health provide a copy of the 2017 agreement between the Commonwealth and Tasmanian Governments regarding the Mersey Hospital?	Written
SQ17-000691	2 - Health Access and Support Services	Urquhart, Anne	ALP	Mersey Hospital	On the Mersey Hospital deal between the Commonwealth and Tasmanian Governments (announced on 5 April 2017) is for the Commonwealth to return ownership of the hospital to the Tasmanian Government and provide a one-off payment, exempt from GST calculations, of \$730.4 million by June 30 2017. In coverage of the announcement, the Tasmanian Minister for Health said the money would be quarantined for operations of the Mersey Hospital and would last between 10 and 12 years. a) How did the Commonwealth and Tasmanian Governments arrive at the \$730.4 million amount? What calculations and assumptions were used? (it appears that the grant amount is simply the 2015-16 grant level of \$73million multiplied by 10) b) IF IT IS THE 2015-16 LEVEL, Why is that the appropriate level to use as a base when the funding amount in 2016-17 was \$75.5 million and the Tasmanian Government has allocated \$78.14 million for 2017-18 in the latest State Budget?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000692	2 - Health Access and Support Services	Urquhart, Anne	ALP	Mersey Hospital	On the Mersey Hospital deal between the Commonwealth and Tasmanian Governments (announced on 5 April 2017) is for the Commonwealth to return ownership of the hospital to the Tasmanian Government and provide a one-off payment, exempt from GST calculations, of \$730.4 million by June 30 2017. In coverage of the announcement, the Tasmanian Minister for Health said the money would be quarantined for operations of the Mersey Hospital and would last between 10 and 12 years. The Tasmanian Government's 2017-18 State Budget increases expenditure for the Mersey Hospital at 3.5% per year across the forward estimates. At what rate does the Commonwealth expect healthcare and hospitals costs to increase over the next four years? And at what rate over the next ten years?	Written
SQ17-000693	2 - Health Access and Support Services	Urquhart, Anne	ALP	Mersey Hospital	On the Mersey Hospital deal between the Commonwealth and Tasmanian Governments (announced on 5 April 2017) is for the Commonwealth to return ownership of the hospital to the Tasmanian Government and provide a one-off payment, exempt from GST calculations, of \$730.4 million by June 30 2017. In coverage of the announcement, the Tasmanian Minister for Health said the money would be quarantined for operations of the Mersey Hospital and would last between 10 and 12 years. a) What contingencies have the Commonwealth put in place in the agreement for if health inflation costs rise faster than those assumed in the agreement? b) What rate of return does the Commonwealth expect TasCorp to achieve over the next four years? And what rate of return over the next ten years? c) What contingencies have the Commonwealth put in place in the agreement for if the TasCorp investments are less than those assumed in the agreement? What contingencies have the Commonwealth put in place in the agreement for if the TasCorp investments lose money?	Written
SQ17-000694	2 - Health Access and Support Services	Urquhart, Anne	ALP	Mersey Hospital	On the Mersey Hospital deal between the Commonwealth and Tasmanian Governments (announced on 5 April 2017) is for the Commonwealth to return ownership of the hospital to the Tasmanian Government and provide a one-off payment, exempt from GST calculations, of \$730.4 million by June 30 2017. In coverage of the announcement, the Tasmanian Minister for Health said the money would be quarantined for operations of the Mersey Hospital and would last between 10 and 12 years. a) How does the Commonwealth Government understand the quarantining of the grant amount working? b) How can the Mersey Hospital both be integrated into the Tasmanian Health Service and have a quarantined budget? c) Is there anything in the agreement that would prevent Mersey Hospital staff from being fully integrated into the Tasmanian Health Service?	Written
SQ17-000695	4 - Individual Health Benefits	Reynolds, Linda	LP	Medicare Better Access	a) Could you please explain the Medicare Better Access to Psychiatrists, Psychologists and GPS through the MBS (Better Access) Initiative and the 'stepped care model', particular in relation to the online aspect of the initiative? b) What process did the Department undertake in implementing this process?	Written
SQ17-000696	2 - Health Access and Support Services	Reynolds, Linda	LP	Mental Health	a) Department guide indicates: "in a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need[s]". Can you please explain the different levels and the resources that are provided in making this evaluation? b) Who makes the evaluation and what training/qualifications do they have? c) In many of these circumstances, the face-to-face interaction and establishment of rapport between the psychologist and the patient is crucial to getting people the appropriate help they need. Was this taken into consideration? d) Under this scheme, are you aware of any drawbacks and or shortcomings that may exist between general psychologists and clinical psychologists? e) Have any incidents been brought to the department's attention?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000699	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Strategy	Regarding the \$54 million from the National Ice Action Strategy that has been set aside for non-treatment services, what will those services be, and how much funding in total has been allocated to each?	Written
SQ17-000700	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Strategy	In response to QON number SQ17-000496 from Additional Estimates the Department advised 'On 3 March 2017, Minister Hunt announced that of \$75m funding per annum (GST exclusive) for drug and alcohol treatment services under the Drug and Alcohol Treatment Program, approximately \$42m is appropriate and effective for transition to PHNs. The remaining funds will be used to continue services being delivered by large organisations over multiple regions and will be directly funded by the Department of Health.' a) Who are the 'large organisations' who will be in receipt of the \$33m in remaining funds? b) Where are they located? c) How much funding has each organisation received to date? d) How much funding will each organisation receive in total? e) Were these organisations required to tender for the funding? f) What are the services that are being delivered by these organisations?	Written
SQ17-000701	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Ice Strategy	The National Ice Action Strategy Performance report (which will contain information about client services data relating to PHN Drug and Alcohol Treatment Program funded under the NIAS) is due on 30 September 2017. a) Is this still the expected due date for the performance report? b) Which PHNs will contribute client service data to the report? c) What other information will be contributed to the report? d) Will this report be made public? e) What will the Department do with the report? f) Are there repercussions if PHNs do not provide the data requested by the Department? If so, what are the repercussions? g) Are PHNs required to meet KPIs in relation to the NIAS funding they receive? h) If so, will the performance of each PHN against their KPIs be contained in the report?	Written
SQ17-000702	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	National Tobacco Strategy	a) What priority has been given to reducing the availability of illicit tobacco, within the National Tobacco Strategy 2012-2018? b) Who has been tasked with this priority? c) Will there be a National Illicit Tobacco Strategy? d) Who would lead this strategy? e) If yes, how much and for what period?	Written
SQ17-000703	2 - Health Access and Support Services	Kakoschke-Moore, Skye	NXT	Nganampa Health Council	The South Australian Government's Community Cabinet visited the APY Lands at the beginning of May 2017. During that visit, the Nganampa Health Council where Gayle Woodford worked, advised it had been using special federal funding to provide escorts for nurses but they were awaiting confirmation the funding would continue. a) Will the funding continue? b) If no decision has been made, when will a decision be made? c) If the funding won't continue, how do you expect the service to provide the escort? d) Does the Department of Health fund the Nganampa Health Council? e) If so, does the Department consider there is a role to play to ensure the health workers are safe?	Written
SQ17-000704	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Ministerial Functions	In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio since 1 March 2017, can the following please be provided: a) List of functions; b) List of attendees including departmental officials, ministerial staff and if members of the Minister's immediate family attended – number of members (names not required); c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written
SQ17-000705	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Departmental Functions	In relation to expenditure on any functions or official receptions etc hosted by the Department or agencies in the portfolio since 1 March 2017, can the following please be provided: a) List of functions; b) List of attendees; c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000706	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Laptops	a) How many laptops are currently on issue to staff of the Department and agencies in the portfolio? b) Can an itemised list showing make and model please be provided? c) How many new laptops were purchased by the Department and agencies in the portfolio in calendar year 2016? d) What was the total cost (GST inclusive) of purchasing laptops for staff of the Department and agencies in the portfolio in calendar year 2016? e) How many laptops did the Department and agencies in the portfolio have to be replaced due to damage in calendar year 2016? What was the cost of replacement (GST inclusive)? f) How many laptops were reported lost or stolen in calendar year 2016? What was the cost of replacement (GST inclusive)?	Written
SQ17-000707	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Executive Office Upgrades	Have the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, been upgraded since 1 March 2017? If so, can an itemised list of costs please be provided (GST inclusive)?	Written
SQ17-000708	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Facilities Upgrades	a) Have the facilities of any of the Department's premises, or the premises of any agencies in the portfolio, been upgraded since 1 March 2017, for example, staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment? b) If so, can a detailed description of the relevant facilities upgrade please be provided together with an itemised list of costs (GST inclusive)? Can any photographs of the upgraded facilities please be provided?	Written
SQ17-000709	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Vacancies	Please provide a list of all statutory, board and legislated office vacancies and other significant appointments vacancies within the portfolio, including length of time vacant and current acting arrangements.	Written
SQ17-000710	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Credit Cards	a) How many credit cards are currently on issue for staff in the Department and agencies within the portfolio? If possible, please provide a break-down of this information by APS/SES level. b) What was the value of the largest reported purchase on a credit card in calendar year 2016 and what was it for? c) How much interest was paid on amounts outstanding from credit cards in calendar year 2016? d) How much was paid in late fees on amounts outstanding from credit cards in calendar year 2016? e) What was the largest amount outstanding on a single card at the end of a payment period in calendar year 2016 and what was the card holder's APS/SES level? f) How many credit cards were reported as lost or stolen in calendar year 2016 and what was the cost of their replacement? g) How many credit card purchases were deemed to be illegitimate or contrary to agency policy in calendar year 2016? What was the total value of those purchases? How many purchases were asked to be repaid on that basis in calendar year 2016 and what was the total value thereof? Were all those amounts actually repaid? If no, how many were not repaid, and what was the total value thereof? h) What was the largest purchase that was deemed illegitimate or contrary to agency policy and asked to be repaid in calendar year 2016, and what was the cardholder's APS/SES level? What that amount actually repaid, in full? If no, what amount was left unpaid? i) Are any credit cards currently on issue in the Department or agencies within the portfolio connected to rewards schemes? Do staff receive any personal benefit as a result of those reward schemes? j) Can a copy of the Department's staff credit card policy please be provided?	Written
SQ17-000711	2 - Health Access and Support Services	Siewert, Rachel	AG	Mental Health	Is the Government concerned that individuals will be deterred from seeking mental health services, specifically through the Better Access initiative, as a consequence of the difficulty of later accessing income protection insurance?	Written
SQ17-000712	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	How many people are currently on the national waitlist?	Written
SQ17-000713	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	What is the estimated wait time for these people before: a) they receive their verification code? b) a service is likely to commence for them?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000714	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	a) How are people on the national waitlist being kept informed about their progress in the queue before a verification code will be issued to them? b) What options are being given to them to receive support while they wait in the queue?	Written
SQ17-000715	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	Since 27 February this year, how many people have gone on the national waitlist and how many people have come off the waitlist because they have commenced a service?	Written
SQ17-000716	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	What is the average time taken between when the verification code is sent by letter from the Department of Health and when the Home Care Package service commences?	Written
SQ17-000717	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	What is the percentage of people who have commenced a Home Care Package service from the 17,000 letters that were sent by the Department of Health in late March?	Written
SQ17-000718	6 - Ageing and Aged Care	Siewert, Rachel	ALP	Home Care Packages	What feedback has been received by the Department of Health from all local ACATs about the effectiveness of the new processes and what improvements have been made?	Written
SQ17-000719	6 - Ageing and Aged Care	Siewert, Rachel	AG	Home Care Packages	a) What steps have been taken to receive and report on individual consumer feedback about the new processes (e.g. MAC Portal, template letters, national queue, and wait times) since 27 February? b) What improvements if any have been made as a result of individual consumer feedback?	Written
SQ17-000720	4 - Individual Health Benefits	Siewert, Rachel	AG	Medicare Benefits Schedule Items	a) What is the difference between Medicare Benefits Schedule items 80110 and 80010? b) Is it just that one is for clinical psychologists and the other is for non-clinical psychologists? c) Why is there a difference in the rates of subsidy?	Written
SQ17-000721	2 - Health Access and Support Services	Siewert, Rachel	AG	Psychologists	Please provide a gender breakdown of the number of clinical and non-clinical psychologists.	Written
SQ17-000722	2 - Health Access and Support Services	Siewert, Rachel	AG	Framework Convention on Tobacco Control	What approaches are taken to ensure that all government agencies are aware of and comply with Article 5.3 of the Framework Convention on Tobacco Control and the Guidelines?	Written
SQ17-000723	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Supporting Living Organ Donor program	The information on the Supporting Living Organ Donor program indicates that the program will provide "reimbursement for some out of pocket expenses". a) what is included in out of pocket expenses? Does this include accommodation and transport? What else? b) how much is each donor eligible for in out of pocket expenses? c) are all donors eligible to claim out of pocket expenses?	Written
SQ17-000724	2 - Health Access and Support Services	Watt, Murray	ALP	Dialysis transportation	Is the Department undertaking any work in relation to appropriate transportation for dialysis patients?	Written
SQ17-000725	2 - Health Access and Support Services	Watt, Murray	ALP	National Strategic Framework for Chronic Conditions	What work is the Government taking to implement the National Strategic Framework for Chronic Conditions?	Written
SQ17-000726	2 - Health Access and Support Services	Rice, Janet	AG	Food produced using new genetic modification techniques	According to the Australian Academy of Sciences, "Food Standards Australia and New Zealand are drafting a guidance document to provide clarity regarding food produced using gene editing technologies." (https://www.science.org.au/files/userfiles/support/documents/gene-drives-discussion-paper-may2017.pdf) a) When does FSANZ intend to release this document? b) Is this document going to be publicly released and submissions sought? c) Will the Food Regulation Ministerial Council review the document prior to release? d) Will independent and external experts review the document prior to release? e) If yes to d), will FSANZ ensure that these experts have no actual or potential conflicts of interest? f) Will this guidance have the effect of allowing any of the new GM techniques without pre-market safety assessment? g) Will this guidance have the effect of reducing the level of required assessment for any of the new GM techniques?	Written

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SQ17-000727	4 - Individual Health Benefits	Watt, Murray	ALP	Pharmacists in GP Practices - Trial	In 2016 the Department and the Canberra PHN Capital Health Network undertook a trial of pharmacists in GP practices in the ACT. a) Is the Department planning to release the full results of this pilot and any evaluation of it? Can this be provided? b) Was the evaluation peer reviewed? If so can the Department release any peer review? c) Did the pilot have an approved research design? d) What is the underpinning cost-effectiveness evaluation that has been used to demonstrate the feasibility and viability or otherwise of this practice model following the pilot?	Written
SQ17-000728	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Review of National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol	Is the government planning to undertake a communication strategy to promote the NHMRC Guidelines existence and content?	Written
SQ17-000729	2 - Health Access and Support Services	Rice, Janet	AG	Food produced using new genetic modification techniques	FSANZ has previously indicated its support for the conclusion reached by an expert panel in 2012 and 2013. a) Will this guidance reflect the positions expressed by the expert panel and supported by FSANZ at the time? b) Now that FSANZ has acknowledged that every member of this expert panel had a potential or actual conflict of interest, how has that affected the guidance document? c) Has FSANZ since sought any independent, un-conflicted advice? d) If yes to c) please table that advice.	Written
SQ17-000730	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	In its January 2017 online response to Fairfax media FSANZ stated it would review a peer-reviewed French study on titanium dioxide. FSANZ has reviewed the study and concluded that its design has a number of "limitations which restrict its relevance to humans." (http://www.foodstandards.gov.au/consumer/foodtech/nanotech/Pages/Sydney-Morning-Herald-nanotechnology-response.aspx) a) Could you outline these limitations and the scientific evidence that they limit the relevance of the study to humans? b) Can you table the analysis that supports the findings of FSANZ's review?	Written
SQ17-000731	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	FSANZ indicates on its website that "The findings are also inconsistent with the body of evidence from previous animal studies which have shown that titanium dioxide was not associated with any tumour type in carcinogenicity studies in mice or rats following oral ingestion, even at very high exposure levels." a) Is it the view of FSANZ that the finding of pre-cancerous lesions indicates a fault with the study? i. If no to a), what is the basis then for effectively dismissing the study as FSANZ has done? ii. If yes to a), what are the faults in the study that resulted in the pre-cancerous lesions? b) Were the previous studies referred to ingestion studies? c) If yes to b), are you aware that the ToxConsult report commissioned by FSANZ found that "there are few studies investigating the toxicity of TiO2 by dietary exposure, those that exist are old (>20 years) and do not specify the grade or particle size of the TiO2." d) Do these old studies identified by ToxConsult form part of the "body of evidence" that FSANZ indicates contradict this most recent study?	Written
SQ17-000732	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Review of National Health and Medical Research Council (NHMRC) Australian guidelines to reduce health risks from drinking alcohol	Has the NHMRC received direct correspondence from members of the alcohol industry relating to the review of the Australian guidelines to reduce health risks from drinking alcohol?	Written

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SQ17-000733	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	FSANZ has noted that "Titanium dioxide has long been known to contain nanoparticles and these will have been present in the material used in the toxicity tests that supported approval of titanium dioxide as a food additive." a) Were the toxicity tests that supported approval of titanium dioxide different from the ingestion studies identified by ToxConsult? i. If yes to a) how many toxicity tests were conducted? ii. When were the studies conducted? iii. Who conducted the studies? iv. Have the studies been subject to peer review? v. Did these toxicity tests suffer from any defects or limitations that limit their relevance or utility? vi. What is the basis for concluding that the titanium dioxide used in those tests contained nanoparticles? vii. If these tests aren't public, please table them. b) How long has titanium dioxide been known to contain nanoparticles? c) Has the size, nature or average percentage of nanoparticles in food grade titanium dioxide changed over the decades in which it has been in use? d) If yes to c) please describe the changes and the evidence that supports FSANZ's response. e) Has FSANZ assessed the quality of the 3 published ingestion studies identified by ToxConsult? i. Are there any problems, limitations or defects in those 3 studies? f) Is FSANZ's decision not to take any further steps following from this study based on these three studies? i) If no, what additional data was used by FSANZ to arrive at its position? ii) In this context of such a limited number of dated studies, why does FSANZ think that previously unseen results, such as those found in the January 2017 study, do not warrant further investigation?	Written
SQ17-000734	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Evaluation of pregnancy warning labels	Can the Department advise what is the status of this evaluation? Is the report still expected to be finalised by the end of month as previously indicated by the Government?	Written
SQ17-000735	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	ToxConsult in its review undertaken for FSANZ notes that "Despite being used in food products for a long time, the extent of systemic uptake after ingestion, and biokinetic behaviour of TiO2 nanoparticles in humans is not known." (ToxConsult p. 25) a) Is permitting the use of additives or ingredients when so little is known about them standard practice for FSANZ? b) In your review, you refer to 'weight of evidence' – does FSANZ rely on a weight of evidence approach even in situations where there is clearly not enough information or data to make a finding of safety? i) Does FSANZ have a policy position on the precautionary principle? ii) If yes to i) please table.	Written
SQ17-000736	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Evaluation of pregnancy warning labels	The 2014 evaluation found that 38.2 per cent of all products had a health warning label more than two years after the FoFR decision in 2011. Now we are more than five years past the original FoFR decision - can you provide an update on the level of uptake of a health warning label?	Written
SQ17-000739	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	The French agency ANSES also reviewed the January 2017 French study (https://www.anses.fr/en/content/titanium-dioxide-nanoparticles-food-additive-e171-biological-effects-need-be-confirmed) and noted that "the study does demonstrate effects that had not been identified so far, specifically potential promoting effects for carcinogenesis. As a result, the Agency highlights the need to conduct the studies required to fully characterise the potential health effects related to ingestion of the food additive E171" a) Is it correct that ANSES didn't identify any limitations to the study that called into question its relevance? b) In light of the absence of data, would FSANZ agree that there is such a need for additional studies? c) If no to b), why not? d) If yes to b), why then did FSANZ conclude no further action is needed in response to this study? e) If yes to b), will FSANZ then require or commission such work?	Written
SQ17-000740	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Medical Research Future Fund	Will the government take steps to ensure MRFF funding will be directed to preventive and public health research aimed at tackling the burden of chronic disease and preventing disease and disability?	Written

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SQ17-000741	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	ANSES did not try and analyse why this previously unidentified effect occurred, but would FSANZ agree that this could be associated with the titanium dioxide having a larger nano-scale particle component? a) If no, on what basis do you discount this possibility?	Written
SQ17-000742	2 - Health Access and Support Services	Watt, Murray	ALP	National Strategic Framework for Chronic Conditions	a) Given there has been no investment in preventive health and no funding attached to the National Strategic Framework for Chronic Conditions, how does the Government expect this to contribute to achieving World Health Organization (WHO) nine global targets and 25 indicators? b) The next steps for the Framework involve developing indicators or targets to measure progress in achieving a reduction in chronic disease. Given this work has already been done by the Australian Health Policy Collaboration (AHPC) will the Government consider adopting these targets?	Written
SQ17-000743	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	ANSES recommended "limiting exposure of workers, consumers and the environment, particularly by promoting safe products free from nanomaterials that are equivalent in terms of function, effectiveness and cost." a) Does FSANZ disagree with this recommended step? b) If yes to a), why?	Written
SQ17-000744	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	ANSES also states that "When hazards are identified for human health or for the environment, ANSES recommends weighing the usefulness for the consumer or the general public of marketing these types of products containing nanomaterials, for which the benefits must be clearly demonstrated." a) Does FSANZ disagree with this approach? b) If yes to a), why?	Written
SQ17-000745	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	Would FSANZ agree that ANSES is taking a more precautionary approach to food grade titanium dioxide than FSANZ?	Written
SQ17-000746	2 - Health Access and Support Services	Watt, Murray	ALP	National public education campaign	Is the Government planning to undertake a public education campaign aimed at addressing alcohol harm?	Written
SQ17-000747	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	In its online report on its review of the January 2017 study, FSANZ refers to the ToxConsult review FSANZ commissioned which was published last year. FSANZ summarises the reports, saying that "none of the nanotechnologies described are of health concern." This included nano-titanium dioxide. The review's actual conclusion is: "overall this review concludes there is insufficient, directly relevant information available to confidently support a contemporary risk assessment of nano-TiO2 in food." a) What is the basis for FSANZ concluding – unequivocally – that the review of nano titanium dioxide raised no health concerns? b) Where in the ToxConsult report is this conclusion made? c) Does FSANZ see the conclusion from ToxConsult and the summary conclusion of FSANZ as being contradictory?	Written
SQ17-000748	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Valium recall	On the 26 May issued a recall action for 5mg valium because of suspected tampering. a) Given the possible consequences of this, why was a media statement not issued until the 30th May? b) When was the TGA first notified by Roche that there was a tampering issue? Who was notified in the TGA? How were they notified? c) Did the Department undertake any public communications to alert the public to the recall, eg advertisements? Please give timing and placement of these activities. Why did this not happen immediately?	Written

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SQ17-000749	2 - Health Access and Support Services	Rice, Janet	AG	Nanomaterials in Food	In response to SQ17-000412 FSANZ declared that "Food Standards Australia New Zealand (FSANZ) is not aware of 'engineered nanomaterials' being added to foods available for sale in Australia." a) Isn't it correct that the ToxConsult review of nanoparticles in food was specifically charged with looking at the use of 'Engineered nanomaterials' (ENMs) in food? (see ToxConsult p.13 - "ENMs is the term used in this report to distinguish between nanomaterials that are man-made and purposefully added to food from those that are naturally present or formed during food preparation") b) And isn't it correct that the ENMs reviewed by ToxConsult included nano forms of titanium dioxide, silica and silver? c) In its response to SQ17-000412, is FSANZ suggesting that the nano titanium dioxide and nano silica found in food in testing in Australia and around the world is naturally occurring?	Written
SQ17-000750	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Medicinal cannabis - 1800 hotline	a) When will the TGA be establishing the 1800 phone number for medicinal cannabis? b) How many staff will be allocated to the hotline? c) How much funding has been allocated to the hotline?	Written
SQ17-000751	2 - Health Access and Support Services	Rice, Janet	AG	Industry Funded Travel	FSANZ staff visited Singapore and the Philippines for conferences, the costs of which were paid by industry (see SQ16-000559). a) Did FSANZ staff prepare reports on these conferences? b) If yes to a), could FSANZ please provide. c) FSANZ has indicated that it has a policy regarding the acceptance of gifts. Please provide this policy.	Written
SQ17-000752	4 - Individual Health Benefits	Watt, Murray	AG	Life Saving Drugs Program	a) It's been 3 years since the LSDP post-market review was first announced. What is the current status of the review, its findings and recommendations? b) What is the Department of Health's intention in publishing the report outlining the outcomes of the LSDP post-market review? When can stakeholders expect to see a copy of the outcomes recommended by the Independent Reference Group following the post-market review? c) In lieu of the outcomes or recommendations of the post-market review being made public, what does this mean for new medicines being listed on the LSDP?	Written
SQ17-000753	4 - Individual Health Benefits	Watt, Murray	AG	Life Saving Drugs Program	There are a number of treatments currently going through the LSDP process. How many of these treatments are there and where are they currently up to in the process?	Written
SQ17-000754	2 - Health Access and Support Services	Rice, Janet	AG	P1024 and Nanomaterials	The following questions are following up on FSANZ responses to SQ16-000562. In responding to the first part of the question you note that P1024 proposes different levels of assessment for different types of nanoscale particles depending on solubility. a) FSANZ indicates that a previously approved nanomaterial will only be required to be assessed under the new proposed rules if the materials were "altered to be produced in the nanoscale and the particle size influences the toxicity of the material." i) What level of evidence does/would FSANZ require to demonstrate that particle size "influences the toxicity of the material"? ii) Does "altered to be produced in the nanoscale" mean intentionally produced? iii) If yes to ii), what criteria are used to determine intent? b) Is the extent of solubility the only criteria for determining if a full toxicological assessment of a nanomaterial is necessary?	Written
SQ17-000755	2 - Health Access and Support Services	Rice, Janet	AG	P1024 and Nanomaterials	P1024 indicates that dissolution may be in the food or the gastrointestinal tract (GIT). a) Isn't it correct that solubility may vary depending on the pH of the gastric fluids? b) If yes to a), how will solubility in the GIT be determined by the manufacturer? c) Will FSANZ set out the testing guidelines for determining the solubility of different nanomaterials at different pH levels?	Written
SQ17-000756	2 - Health Access and Support Services	Rice, Janet	AG	P1024 and Nanomaterials	A number of papers suggest that nano-silver is more toxic than bulk silver because of its greater solubility. Doesn't this call into question the entire approach of depending on solubility?	Written

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SQ17-000757	2 - Health Access and Support Services	Rice, Janet	AG	P1024 and Nanomaterials	a) According to a paper published this year, a soluble nanomaterial, nano-hydroxyapatite can recrystallise in certain conditions.* It recrystallises in the same nano and needle-like form. Does FSANZ know if this is true of any other nanomaterial used in food? b) Will manufacturers be required to test for recrystallisation in ostensibly soluble nanomaterials? c) FSANZ was asked whether the definition in P1024 was used as a definition for purposes of responding to a manufacturer. Given that the definition was contained in the response to the manufacturer (doc 5 of documents released under Freedom of Information laws in July 2016), how can FSANZ claim it isn't using this definition? *Schoepf, J. et al. (2017). Detection and dissolution of needle-like hydroxyapatite nanomaterials in infant formula. NanoImpact (5):22-28, p. 27	Written
SQ17-000758	2 - Health Access and Support Services	Rice, Janet	AG	P1024 and Nanomaterials	a) Does P1024 have regulatory status? b) Has P1024 been tabled in Parliament? c) Has P1024 been approved by the Australia New Zealand Ministerial Forum on Food Regulation?	Written
SQ17-000759	2 - Health Access and Support Services	Rice, Janet	AG	Infant Formula	The Food Regulation Ministerial Council's policy for ensuring the safety of infant formula recognises that children are particularly vulnerable: "because they have immature immune systems and organs...For some infants, infant formula products may be the sole or principal source of nutrition. For these reasons, there is a greater level of risk to be managed compared to other populations." As a result of this higher level of exposure and risk, the policy sets out pre-market safety assessment requirements for the use of ingredients in baby formula: Pre-market assessment...should be required for any substance proposed to be used in infant formula and follow-on formula that: i. does not have a history of safe use at the proposed level in these products in Australia and New Zealand; or ii. has a history of safe use in these products in Australia and New Zealand, but which, having regard to source, has a different form/structure, or is produced using a substantially different technique or technology.* (emphasis added) Further, the Food Code prohibits the use of nutritive and novel substances in food unless they are expressly permitted.** • Are any nano scale ingredients explicitly permitted for use in baby formula? • Does FSANZ agree that engineered nanomaterials would be covered by this policy both in terms of the technology used and the structures produced? *Australia and New Zealand Food Regulation Ministerial Council, Food Regulation Standing Committee, Policy Guideline, Regulation of Infant Formula. http://www.foodstandards.gov.au/code/fofr/fofrpolicy/Documents/Infant%20Formula%20May%202011.pdf **Food Standards Australia New Zealand, Australia New Zealand Food Code, Standards 1.1.1 and 1.5.1. http://www.foodstandards.gov.au/code/Pages/default.aspx	Written
SQ17-000760	5 - Regulation, Safety and Protection	Rice, Janet	AG	Gene Technology Technical Advisory Committee	How many members of the OGTR's Gene Technology Technical Advisory Committee (GTTAC) have declared direct or indirect interests, pecuniary or otherwise, that the person is aware of having in a matter of a kind likely to be considered at a meeting of the Committee? a) Please provide these declared direct or indirect interests?	Written
SQ17-000761	5 - Regulation, Safety and Protection	Rice, Janet	AG	Gene Technology Technical Advisory Committee	The Gene Technology Regulations 2001 state that "A member of the Gene Technology Technical Advisory Committee who is aware of having a direct or indirect interest, pecuniary or otherwise, in a matter being considered, or about to be considered, at a meeting of the Committee must, without delay, disclose the nature of the interest at, or before, the meeting of the Committee." a) How many members of GTTAC declared direct or indirect interests prior to the committee's discussion of 'new technologies' on 6th June 2016? b) Please table these declared direct or indirect interests.	Written

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SQ17-000762	5 - Regulation, Safety and Protection	Rice, Janet	AG	Gene Technology Technical Advisory Committee	The Gene Technology Regulations 2001 state that "a disclosure under this regulation must be recorded in the minutes of the meeting and the member must not: (a) be present during any deliberation of the Committee about the matter, except to give information requested by the Committee; or (b) take part in any decision of the Committee about that matter." a) How many members of GTTAC removed themselves from the committee's discussion on 'new technologies'? b) Which members of GTTAC were involved in developing, or supported the committee's position "that organisms altered by some site-directed nuclease techniques and oligo-directed mutagenesis are unlikely to pose risks that are different to natural mutations, conventional breeding or mutagenesis"? c) Is the OGTR aware that a number of the members of the GTTAC committee work for institutions with patents and active research programs in the new technologies being discussed? d) Is the OGTR aware that members of the GTTAC receive research funding from and actively collaborate with corporations attempting to commercialise these new techniques?	Written
SQ17-000763	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	Health Care Homes	According to the Budget measure, 20 practices will become Health Care Homes on 1 October. Of the 200 practices that have been shortlisted, which 20 will be ready on 1 October?	Written
SQ17-000764	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Freeze	When was the last time that Medicare rebates for GPs was indexed?	Written
SQ17-000765	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Freeze	When was the last time that Medicare rebates for specialists were indexed?	Written
SQ17-000766	4 - Individual Health Benefits	Watt, Murray	ALP	Medicare Freeze	When was the last time that Medicare rebates for allied health services were indexed?	Written
SQ17-000767	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket Costs - GP	Has the Department done any modelling on expected increases in out-of-pocket costs for GPs by for the next financial year? What is the expected average out-of-pocket cost for an unreferral GP visit at July 2018?	Written
SQ17-000768	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	Is consideration of the outcomes of the LSDP review currently sitting with the Hon Greg Hunt MP, Minister for Health? Has the Department of Health and/or the Health Minister put forward a proposal for changing the LSDP to the Department of Finance or Treasury? What has been their response?	Written
SQ17-000769	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket Costs - Specialists	Has the Department done any modelling on expected increases in out-of-pocket costs for specialists by for the next financial year? What is the expected average out-of-pocket cost for specialist consultation at July 2018?	Written
SQ17-000770	4 - Individual Health Benefits	Watt, Murray	ALP	Life Saving Drugs Program	When can the Australian rare disease community expect to see a response on the LSDP review and what this means for the funding of new medicines? Is there a clear timeframe for when this will be announced?	Written
SQ17-000771	2 - Health Access and Support Services	Watt, Murray	ALP	Scholarships	a) Has the Government reached a decision on whether there will be any changes to the tax exempt status of bonded scholarships, if so what has been decided? b) Will existing students under the Medical Rural Bonded Scholarships (MRBS) be affected by a change to the tax exempt status and if so how many? c) Are there any other existing scholarships which would be affected? d) Will a change in the taxation status effectively reduce the value of the scholarships? e) Will the scholarships be increased to compensate students? f) What is the expected saving if these scholarships are taxed and will any savings be directed back into Health? g) Would a change have an impact on any scholarships to be offered under the Health Workforce Scholarship Program?	Written
SQ17-000772	4 - Individual Health Benefits	Watt, Murray	ALP	Allied Health Services	Can you please outline what services are included in the "allied health" category of the MBS?	Written
SQ17-000773	2 - Health Access and Support Services	Watt, Murray	ALP	Health Workforce Scholarships Program	What is the status of the design of the Health Workforce Scholarships Program, when will the design be complete and will the program be operational in 2017?	Written
SQ17-000774	4 - Individual Health Benefits	Watt, Murray	ALP	Out of pocket costs - allied health	Has the Department done any modelling on expected increases in out-of-pocket costs for allied health by for the next financial year? What is the expected average out-of-pocket cost for an allied health service in July 2019?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000775	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	What is the total quantum of savings that the MBS Review has achieved so far? o Can you give us a breakdown of those savings by year and item?	Written
SQ17-000776	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Review	How much has been spent on the MBS so far? Can you please provide a breakdown of these expenses - how much has gone to consultants? How much to the Department? How much to clinicians?	Written
SQ17-000777	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	Please provide the most recent data on the percentage of GP services that are bulk billed - broken down to Commonwealth electorate level.	Written
SQ17-000778	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What percentage of patients are bulk billed for all GP services in Australia? Please provide the most current data.	Written
SQ17-000779	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What percentage of patients are bulk billed for all GP services - broken down to each state and territory? Please provide the most current data.	Written
SQ17-000780	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What percentage of patients are bulk billed for all GP services - broken down to Commonwealth electorates? Please provide the most current data.	Written
SQ17-000781	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of item 23 GP services that are bulk billed in Australia? Please provide the most current data.	Written
SQ17-000782	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of item 23 GP services that are bulk billed - broken down into each state and territory? Please provide the most current data.	Written
SQ17-000783	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of item 23 GP services that are bulk billed - broken down into Commonwealth electorates? Please provide the most current data.	Written
SQ17-000784	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for item 23 GP services in Australia? Please provide the most current data.	Written
SQ17-000785	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for item 23 GP services - broken down into each state and territory? Please provide the most current data.	Written
SQ17-000786	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for item 23 GP services - broken down into Commonwealth electorates? Please provide the most current data.	Written
SQ17-000787	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	For each Commonwealth electorate, please provide the percentage of specialist services that are bulk billed.	Written
SQ17-000788	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for specialist services in Australia? Please provide the most current data.	Written
SQ17-000789	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for specialist services - broken down into each state and territory? Please provide the most current data.	Written
SQ17-000790	4 - Individual Health Benefits	Watt, Murray	ALP	Bulk billing	What is the percentage of patients who are bulk billed for specialist services - broken down into Commonwealth electorates? Please provide the most current data.	Written
SQ17-000791	2 - Health Access and Support Services	Watt, Murray	ALP	Prevention expenditure	What percentage of the Commonwealth's health budget will be spent on prevention in the 2017-18 year? What percentage of the Commonwealth's health budget will be spent on prevention in the 2016-17 year?	Written
SQ17-000792	4 - Individual Health Benefits	Watt, Murray	ALP	Prevention expenditure	Please provide a list of prevention activities/ initiatives being funded by the Government in the current financial year, and in the 2017/18 financial year.	Written
SQ17-000793	2 - Health Access and Support Services	Watt, Murray	ALP	Ice Taskforce	a) Have all PHNs provided their work plan for the Ice Taskforce funding? b) Have all PHN s commenced commissioning services with the Ice Taskforce funding?	Written
SQ17-000794	4 - Individual Health Benefits	Watt, Murray	ALP	MBS Statistics	a) Have out of pocket costs for GP visits increased in regional, remote and very remote areas in the March quarter? b) What has been the change from the previous quarter for each?	Written
SQ17-000795	2 - Health Access and Support Services	Watt, Murray	ALP	Myalgic Encephalomyelitis	a) What strategies does the Department have in place to assist people with Myalgic Encephalomyelitis? Is the Department undertaking any work on strategies to support people with Myalgic Encephalomyelitis? b) It the Government aware of the trial underway in Norway on the effectiveness of the drug rituximab to treat Myalgic Encephalomyelitis? Is the Government considering funding a similar controlled trial? c) Is there any work underway in relation to updating the clinical guidelines to assist GPs to accurately diagnose Myalgic Encephalomyelitis?	Written

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SQ17-000796	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket costs	Please provide the most recent data for average out of pocket costs for GP consultations - broken down into Commonwealth electorates - broken down by quarter and year.	Written
SQ17-000797	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket costs	What was the average out of pocket costs for GP consultations in the December 2014 quarter - broken down into Commonwealth electorate?	Written
SQ17-000798	5 - Regulation, Safety and Protection	Rice, Janet	AG	Gene Technology Technical Advisory Committee	Did anyone on the GTTAC oppose its position "that organisms altered by some site-directed nuclease techniques and oligo-directed mutagenesis are unlikely to pose risks that are different to natural mutations, conventional breeding or mutagenesis"? a) If yes, which members of GTTAC disagreed with this position; b) if no, In light of expert opinion that contradicts GTTAC's position and the lack of any opposition on the GTTAC, would you agree that the GTTAC may be biased and not providing the breadth of expert advice the OGTR actually needs? c) Will you table the minutes and any relevant documentation from the meeting? d) Will the OGTR now seek unconflicted technical advice regarding these new technologies?	Written
SQ17-000799	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket costs	Please provide the most recent data for average out of pocket costs for specialists - broken down into Commonwealth electorates - broken down by quarter and year.	Written
SQ17-000800	0 - Whole of Portfolio	Watt, Murray	ALP	Labour Hire	a) Does the Department use any labour hire companies to source Departmental staff? b) Does the Department use Labour Hire Agreements? c) How many staff are employed under via these arrangements? Please break down by work type. d) How many staff are employed by the Department as contractors? e) Do staff under these labour hire arrangements receive as much training and security clearance as permanent staff? f) Do staff under these arrangements receive the same pay and conditions as permanent staff? g) Do these temporary staff have access to the same systems and databases?	Written
SQ17-000801	4 - Individual Health Benefits	Watt, Murray	ALP	Out of Pocket costs	What was the average out of pocket costs for specialist consultations in the December 2014 quarter - broken down into Commonwealth electorate?	Written
SQ17-000802	5 - Regulation, Safety and Protection	Rice, Janet	AG	Gene Technology	In March I asked you about advice that the OGTR issued to Dow AgroSciences (SQ17-000441). This stated that crops developed using its ZFN based EXZACT Delete technology, where the ZFN genes are purportedly no longer present, would not be considered a GMO and therefore would not be regulated under the Gene Tech Act. You failed to answer my question so I ask again: a) Would you agree that in the absence of any formal decision or decision-making process, the interpretation of the OGTR and the advice provided entitle Dow and other companies to act on that advice? b) If yes to a), would you agree that these companies would be entitled to market products of this technology in Australia as if they are not GMOs? c) Would you agree then, that the OGTR has effectively made a decision that deprives the public – and Ministerial Council – of any right of review?	Written
SQ17-000803	2 - Health Access and Support Services	Watt, Murray	ALP	Public hospitals	Based on Commonwealth data and data provided by the states and territories, please provide a breakdown of the use of Commonwealth payments to the states and territories for public hospitals by: a) State or territory b) Local Hospital Network (or similar) c) Hospital Please provide this data for each year of the forward estimates.	Written
SQ17-000804	5 - Regulation, Safety and Protection	Rice, Janet	AG	Review by the Austrian Environmental Agency	A review by the Austrian Environmental Agency concluded that "Approaches to targeted mutagenesis by SSNs [site-specific nucleases] are subject to a number of possible unintended effects. According to the current lack of knowledge on the details of the involved mechanisms, significant uncertainties are associated with an assessment of unintended effects." The review therefore argues that "the respective risk issues thus need to be addressed by a comprehensive molecular characterisation, taking into account the experiences from risk assessment of GMOs."* a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, then will the OGTR ensure that GMOs produced using these techniques are regulated and subject to comprehensive molecular characterisation? * Ibid.	Written

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SQ17-000805	2 - Health Access and Support Services	Watt, Murray	ALP	Healthy Harold	a) How much funding has the Department provided to Life Education Australia in the current financial year? How much in 2015-16? How much in 2014-15? b) When did the Department receive Life Education Australia's 2016-17 Budget submission? c) Who in the Department decided not to continue funding Life Education Australia? d) How much funding is the Department providing to Life Education Australia in 2017-18?	Written
SQ17-000806	5 - Regulation, Safety and Protection	Watt, Murray	ALP	TGA Website	The TGA website lists an error message saying there are technical difficulties with the phone lines and the TGA "hope(s) to have the telephones back in service soon". a) When did the issues with the TGA telephones commence?	Written
SQ17-000807	4 - Individual Health Benefits	Watt, Murray	ALP	GP bulk billing	In 2015-16, 64.7% of patients had all of their GP visits bulk billed. What percentage of patients had all of their GP services/visits bulk billed so far this year/this year to date?	Written
SQ17-000808	5 - Regulation, Safety and Protection	Watt, Murray	ALP	Medicines Australia Agreement	How much of the \$1.8 billion in savings will remain after the medicines expenditure measures in this years Budget - including the anti-venom and national stockpile costs? (note - we are not seeking a breakdown of the individual costs, just an aggregate figure, so it should not be commercial-in-confidence).	Written
SQ17-000809	5 - Regulation, Safety and Protection	Rice, Janet	AG	Review by the Austrian Environmental Agency	A review by the Austrian Environmental Agency concluded that "neither the efficiency nor the specificity of the ODM [Oligo-directed mutagenesis] technology can be sufficiently controlled", that ODM may lead to off-target mutations,* and that such adverse effects "may also not be easy to anticipate, as single mutations can have relevant effects, e.g. lead to an increase in expressed plant toxins." ** a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, then will the OGTR ensure that GMOs produced using ODM are regulated and subject to comprehensive molecular characterisation? * Ibid., p. 18-19. ** Ibid. p. 19.	Written
SQ17-000810	6 - Ageing and Aged Care	Polley, Helen	ALP	24/7 Nursing (Aged Care)	What is the government's position on 24/7 registered nurses or minimum nurse-patient care hours?	Written
SQ17-000811	2 - Health Access and Support Services	Watt, Murray	ALP	Public health expenditure reporting	a) The last report on public health expenditure was released by the AIHW in February 2011, reporting on 2008-09 data. Why are these reports are no longer being published? b) Can you please provide the Public health expenditure per person for the 2009-10 - 2015-16 financial years inclusive? c) Can you please provide the Public health expenditure per person in each state and territory for the 2009-10 - 2015-16 financial years inclusive? d) Can you please provide the Public health expenditure as a proportion of total recurrent health expenditure for the 2009-10 - 2015-16 financial years inclusive?	Written
SQ17-000812	5 - Regulation, Safety and Protection	Rice, Janet	AG	Norwegian Government Commissioned Review	Is the OGTR aware of the Norwegian Government commissioned review which notes that there have been no studies looking at the unintended impacts of ODM in plants.* The review concluded that "this poses extra challenges for the identification of potential unintended effects and thus raises knowledge gaps." a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, does the OGTR think it is appropriate to deregulate this technique given the data gaps around its safety? d) If yes to c), on what basis? *Agapito-Tenfen, S.G. & Wikmark, O-G (2015) Current status of emerging technologies for plant breeding: Biosafety and knowledge gaps of site directed nucleases and oligonucleotide-directed mutagenesis, p. 7.	Written

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SQ17-000813	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	MRFF	a) What was the process for deciding the first disbursements for the Medical Research Future Fund? Was there a call for applications? Applications? Who were the decision-makers? b) The MRFF measure says these disbursements "will be consistent with the Australian Medical Research and Innovation Priorities 2016-18, which have been identified by the Australian Medical Research Advisory Board". Did the Board specifically recommend these disbursements? Or did the Government identify them? c) Can you please provide a breakdown of funding by specific project? d) The Government promised that the MRFF would disburse \$1 billion a year. The Budget papers show that won't happen over the next five years – when will it happen? e) Can you guarantee that the MRFF will disburse \$1 billion a year?	Written
SQ17-000814	6 - Ageing and Aged Care	Polley, Helen	ALP	24/7 Nursing in NSW (Aged Care)	The NSW Government recently voted against restoring state-based legislation to require at least 1 registered nurse on duty at all times in high-care nursing homes, but would refer the matter to COAG. What discussions has the department had with the NSW government about this matter? Is the department aware of a referral from the NSW government on this matter? Has the department provided any advice to government on this matter?	Written
SQ17-000815	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAR - decision process	Can you detail the process for the allocation of the ACAR? Can you confirm that the Minister has no input into the allocation of the ACAR? Is the Minister required to accept the advice from the department regarding the allocation of the ACAR?	Written
SQ17-000816	6 - Ageing and Aged Care	Polley, Helen	LP	ACAR - electorate breakdown	Can you provide a breakdown, by electorate, of the 2016-17 ACAR?	Written
SQ17-000817	1 - Health System Policy, Design and Innovation	Watt, Murray	ALP	My Health Record	a) Can you confirm the 2017-18 My Health Record Budget measure includes savings of \$305.5 million? b) The Budget measure notes that the savings are due to "health system efficiencies" - what are these? c) Please break down specific health system efficiencies - by item, year and amount - that the Government is expecting to save. d) How has the Government modelled these savings? e) What work is underway to ensure these savings are realised? What measures will the Government put in place to encourage GPs to use the Record?	Written
SQ17-000818	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAR - parliamentary representations	Can you provide a list of MPs and Senators who you received correspondence or other representations from regarding the 2016-17 ACAR? Can you either provide copies of the correspondence you received or a description of the content of each representation?	Written
SQ17-000819	6 - Ageing and Aged Care	Polley, Helen	ALP	Living Longer Living Better - Legislative Review	Has the Department received any draft recommendations regarding the LLLB Legislative Review? If yes, can you provide them?	Written
SQ17-000820	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments	The Department has stated they it has identified areas of concern in relation to ACAT and RAS delays. Can you outline areas of concern for each state and how they relate to the action plans?	Written
SQ17-000821	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments	The Department acknowledged that there are some assessments that are not actually delayed and have been completed, but are showing as having not been completed in the system due to delays in updating the system or errors in the system. What is the Department doing to correct these errors or increase the timeliness of ACAT and RAS data input?	Written

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SQ17-000822	5 - Regulation, Safety and Protection	Rice, Janet	AG	Genetically Modified Organism	The OGTR has stated that the regulatory status of null segregants and agroinfiltration is clear in relation to the definition of 'genetically modified organism' under section 10 of the Gene Technology Act 2000 (SQ17-000433). The Gene Technology Act 2000 defines a "genetically modified organism" as: (a) an organism that has been modified by gene technology; or (b) an organism that has inherited particular traits from an organism (the initial organism), being traits that occurred in the initial organism because of gene technology; or (c) anything declared by the regulations to be a genetically modified organism, or that belongs to a class of things declared by the regulations to be genetically modified organisms; a) In the OGTR's view how are these techniques excluded from this definition? b) Has the OGTR sought legal advice to inform this position? c) Has the OGTR sought external technical advice to arrive at this position? i) If yes to c) who provided this technical advice? ii) Please table the advice and any declaration of interests by those who gave advice	Written
SQ17-000823	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - jurisdiction plans	Is it true that each state and territory government department, and RAS provider has provided the Department with a plan about how they are going to improve timeliness and quality? If yes, can you provide these plans? What is the Department doing to ensure that these plans are implemented and utilised?	Written
SQ17-000824	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - KPI failure penalties	How are you keeping states and territories accountable for meeting their KPIs on completing a full assessment? What are the penalties of failing to meet these KPI's?	Written
SQ17-000825	5 - Regulation, Safety and Protection	Rice, Janet	AG	Seed Production Technology	A review by the Austrian Environmental Agency concluded that "Seed production technology can result in undetected secondary insertions of GM materials that may be retained during segregation; changes to the expression of the target genes which may be preserved in subsequent generations; and unintentional changes to the regulation of other genes." * a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, does the OGTR think it is appropriate that organisms produced using this technique not be regulated as GMOs given these potential unintended effects? * Eckerstorfer, M., Miklau, M. & Gaugitsch, H. (2014) New plant breeding techniques: risks associated with their application, Austrian Environment Agency, pp. 48-49, http://www.ekah.admin.ch/fileadmin/ekah-dateien/New_Plant_Breeding_Techniques_UBA_Vienna_2014_2.pdf	Written
SQ17-000826	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - KPIs	Can you provided the most recent data available, by jurisdiction, of the percentage met KPI targets for high, medium and low priority for assessments?	Written
SQ17-000827	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - maximum wait times	Can you provide the most recent data available of the longest wait time from assessment referral issued to assessment complete, by jurisdiction and by priority?	Written
SQ17-000828	5 - Regulation, Safety and Protection	Rice, Janet	AG	GM Modifications	A review by the Austrian Environmental Agency concluded that "A thorough characterisation of the final products of RB [reverse breeding] and AB [accelerated breeding] is needed to exclude the unexpected presence of GM modifications." * a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, does the OGTR think it is appropriate that organisms produced using these techniques not be regulated as GMOs given the potential presence of unexpected GM modifications? * Ibid., p. 49	Written
SQ17-000829	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - priority criteria	Can you explain the criteria used to classify clients as low, medium and high priority assessment referrals and explain was a typical customer at each priority level would look like?	Written

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SQ17-000830	5 - Regulation, Safety and Protection	Rice, Janet	AG	Agroinfiltration	A review by the Austrian Environmental Agency concluded that in the case of agroinfiltration: ii. The absence of modifications needs to be demonstrated in cells used for future breeding; iii. Changes in the expression of the target genes as well as other likely-affected non-target genes need to be evaluated; iv. The unintended release of transgenic bacterial strains into the environment can result in adverse effects as they may survive in soil and transfer transgenes to other plants or other microorganisms. The release of transgenic plant viruses from agroinfected material is a concern for the same reasons; v. Any plant materials originating from agroinfiltration and agroinfection applications needs to be tested rigorously for the presence of transgenic bacterial and viral DNA. a) Does the OGTR disagree with this analysis? b) If yes, on what basis? c) If no, does the OGTR think it is appropriate that organisms produced using these technique not be regulated as GMOs given these potential unintended effects?	Written
SQ17-000831	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - wait times	Can you verify the attached data regarding time from assessment referral issued to assessment complete? Can you provide this data as mean averages? Can you provide update data (mean and median) for 1 January 2017 to 30 June 2017? Or, if unavailable the most current data available?	Written
SQ17-000832	5 - Regulation, Safety and Protection	Rice, Janet	AG	Nano-hydroxyapatite in toothpastes	A 2013 paper estimates that between 18-19 metric tonnes of nano-hydroxyapatite (n-HA) is used annually in toothpastes in the US alone (Keller et al. 2014). The European Commission's Scientific Committee on Consumer Safety (SCCS) has concluded that the needle-like form of nano-hydroxyapatite should not be permitted in oral products such as toothpaste and mouthwash because of its potential toxicity. * a) Is nano-hydroxyapatite permitted in oral cosmetics in Australia? b) If yes to a), are there any restrictions on its use? c) If yes to a), how much hydroxyapatite is used in oral cosmetics in Australia? d) If yes to a), was nano-hydroxyapatite subjected to pre-market safety assessment prior to being used in oral cosmetics in Australia? e) If yes to d), please table any such safety assessment(s) f) If no to d), on what basis is n-HA deemed safe? g) Has the TGA done any testing or conducted any surveys to determine whether n-HA is being used in oral cosmetics in Australia? h) If yes to g), please describe or table the results * Scientific Committee on Consumer Safety (SCCS) (2016). Opinion on Hydroxyapatite (nano). p. 35, http://ec.europa.eu/health/scientific_committees/consumer_safety/docs/sccs_o_191.pdf ; see also Schoepf, J. et al. (2016). Detection and dissolution of needle-like hydroxyapatite nanomaterials in infant formula. Nanoimpact. http://dx.doi.org/10.1016/	Written
SQ17-000833	6 - Ageing and Aged Care	Polley, Helen	ALP	ACAT and RAS assessments - wait times by priority area	What is the average and the mean wait times for ACAT and RAS assessments, by assessment area and by priority for the period 1 July to 31 December 2016? And for the period 1 January 2017 to 30 June 2017?	Written
SQ17-000834	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Worker training	Has the Government undertaken any work on improving the training of care workers to deliver a higher standard of care for those in residential care?	Written
SQ17-000835	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health	Please outline structure of budgets provided to the Primary Health Networks (PHNs) by the Australian Government, by jurisdiction or PHN.	Written
SQ17-000836	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Workforce - 457 visa	Can you provide a breakdown of the total number of aged care nurses working in Australia on 457 visas, by aged care planning region and electorate?	Written
SQ17-000837	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health	What allocation is made by the government for administration costs of each Primary Health Network?	Written
SQ17-000838	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care workforce growth planning	Can you provide any work the Department has undertaken on growing the aged care workforce to meet the future demands of the sector over the next three decades? Particularly in relation to wages, training and conditions?	Written
SQ17-000839	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care workforce shortages	Is the Department aware of whether there are workforce shortages around the country? If so, where are they, and what is the Department doing about it?	Written

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SQ17-000840	6 - Ageing and Aged Care	Polley, Helen	ALP	Consumer Contributions	Can you provide any work the Department has undertaken in regards to residential aged care funding, or aged care funding generally, to increase consumer contributions? Can you provide any documents relating to this?	Written
SQ17-000841	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health	What directives have been given to PHNs to how they communicate with the public and engage stakeholders?	Written
SQ17-000842	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health	In terms of communications (including advertising) how much has been spent, and on what items, by individual PHN? (for example, publications, mail-outs, internet advertising, etc)	Written
SQ17-000843	6 - Ageing and Aged Care	Polley, Helen	ALP	Dementia - quality standards	Why is there no specific reference to cognitive impairment in the draft Quality Standards given the growing rate of dementia?	Written
SQ17-000844	2 - Health Access and Support Services	Duniam, Jonathon	LP	Primary Health	Are external communications or public relations consultants engaged by PHNs? If so, how much has been spent, by individual PHN, for 2016-17?	Written
SQ17-000845	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	Research Funding	a) Will there be any changes to how submissions are assessed for funding under the new grants scheme? b) Are applications currently assessed by people with expertise in the relevant field? If not, why not?	Written
SQ17-000846	2 - Health Access and Support Services	Polley, Helen	ALP	E-Health Records	Last year's trial of the opt-out My Health Record had no impact in increasing the uptake of the My Health Record system among residential aged care facilities in either of the two regions participating. What is the government doing to facilitate the uptake of the My Health Record system among residential aged care providers?	Written
SQ17-000847	6 - Ageing and Aged Care	Polley, Helen	ALP	My aged Care - Customer Support	Can you provide the process, advice and any fact sheets or other information that My Aged Care staff use when dealing with customers with concerns about HCP waitlists, access to HCPs, ACAT assessments etc.?	Written
SQ17-000848	6 - Ageing and Aged Care	Polley, Helen	ALP	Global Action Plan on the Public Health Response to Dementia	Can you provide any detail around Australia's support for the adoption of the Global Action Plan on the Public Health Response to Dementia 2017-2025 at the Seventieth World Health Assembly? How will the government implement the recommendations and met the targets listed in the Plan?	Written
SQ17-000849	6 - Ageing and Aged Care	Polley, Helen	ALP	My aged Care - Customer Support	Customer on the HCP waitlist have been advised by My Aged Care staff that the wait time for a package may be more than 9 months, can you confirm whether this information has been provided to My Aged Care staff? If it is not correct, was training and information have staff been given in relation to dealing with HCP wait list concerns?	Written
SQ17-000850	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - ACAT feedback	What feedback has the Department received from ACATs around Australia about the effectiveness of the new prioritisation and package allocation processes? Have any improvements been made?	Written
SQ17-000851	6 - Ageing and Aged Care	Polley, Helen	ALP	My Aged Care Advertising Campaign	a) Can you provide a breakdown of the total expenditure for the My Aged Care national awareness campaign, including total media placement costs (broken down by newspapers, magazines, radio, digital and social media), total consultant costs, service costs and any other costs. b) Can you provide all materials produced as part of the My Aged Care national awareness campaign? c) Can you provide all contracts relating to the My Aged Care national awareness campaign?	Written
SQ17-000852	6 - Ageing and Aged Care	Polley, Helen	ALP	My Aged Care complaints	Can you provide all comparative data regarding complaints about My Aged Care in 2016 and 2017?	Written
SQ17-000853	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - National priority communication	How are people in the national HCP queue being kept informed about their progress through the queue?	Written
SQ17-000854	6 - Ageing and Aged Care	Polley, Helen	ALP	My Aged Care data	Can you provide all comparative data regarding wait times on the My Aged Care hotline in 2016 and 2017?	Written
SQ17-000855	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP packages	Can you provide the number of approvals, number of places and utilisation rate by level of home care packages to 30 June 2017? Can you provide this information by electorate and by state?	Written
SQ17-000856	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - provider accreditation	What are the most recent figures on how many Home Care Providers are now accredited broken down by previously accredited, not previously accredited and previously accredited for a different service?	Written

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SQ17-000857	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - release of packages	How many new HCPs, at each level, will be released in 2017-18 each month? What funding is allocated for this? How does this compared to actual releases in 2016-17?	Written
SQ17-000858	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - upgraded packages	What is being done to ensure that providers are actually upgrading the level of services once a consumers package has been upgraded?	Written
SQ17-000859	6 - Ageing and Aged Care	Polley, Helen	ALP	HCP - wait times	Can you provide the average (mean and median) expected wait time by level of home care packages at 30 June 2017? Can you further provide this data broken down by priority in the national queue (e.g.. Low, medium, high, very high)?	Written
SQ17-000860	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care - Increasing choice stage 2	NACA released a discussion paper - Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP) on 31 May 2017. Can you provide a response to the recommendations listed in the paper?	Written
SQ17-000861	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Advisory Group	What is the status of your Home Care Advisory Group?	Written
SQ17-000862	6 - Ageing and Aged Care	Polley, Helen	ALP	24/7 Nursing Research	Has the Government undertaken any work or analysis, or are you aware of any such work or analysis on whether 24/7 nursing improves or would improve the care of those in residential care?	Written
SQ17-000863	6 - Ageing and Aged Care	Polley, Helen	ALP	Residential Care - Mental Health	he Medicare Benefits Schedule Review Taskforce is reviewing the MBS to ensure it reflects current best clinical practice and promotes the provision of health services that improve health outcomes. Can you provide the advise you gave to the Taskforce in regards to aged care services?	Written
SQ17-000864	6 - Ageing and Aged Care	Polley, Helen	ALP	ACFI - Wollongong Report	Does the Department support the findings and the recommendations of the University of Wollongong report into ACFI? When will the Department respond to the report formally?	Written
SQ17-000865	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Accreditation	Can you provide a list of all facilities that are not meeting or have not met the accreditation standards in 2016-17, including details about failures, sanctions, requirements for reaccreditation, time between failure and reaccreditation, further sanctions or cancellation of accreditation? Can you provide comparative data for the past five years?	Written
SQ17-000866	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Accreditation - Privatisation	Can you provide an update on privatisation of accreditation services in aged care? Which elements of accreditation is the Department considering privatising? (e.g. site audits) Will the ACACQ remain the sole agency that can grant accreditation to providers? How will the department maintain standards and quality across the sector with privatised services?	Written
SQ17-000867	6 - Ageing and Aged Care	Polley, Helen	ALP	Quality Regulatory Process Review	What impact do you expect the review of the National Aged Care Quality Regulatory Processes will have on the expected 1 July 2018 start of the single set of aged care standards for all aged care services?	Written
SQ17-000868	6 - Ageing and Aged Care	Polley, Helen	ALP	Release of Quality Regulatory Process Review	The Review of the National Aged Care Quality Regulatory Processes is to report to the Minister by 31 August 2017. Can you confirm whether the report will be publicly released and if so, when?	Written
SQ17-000869	6 - Ageing and Aged Care	Polley, Helen	ALP	Single Quality Standards	Given the significant failings of the current accreditation process do you not think the development of a single set of standards should be halted and a new approach developed in response to the findings of the independent report?	Written
SQ17-000870	6 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Quality Agency Budget	The 2016 and 2017 Budget papers show an average staff number reduction from 243 to 214. Can you explain why this occurred? What impact did it have on the Agency's ability to operate? Did this staffing reduction have an impact on the failure of the agency in relation to the reaccreditation of Oakden in early 2016? The 2016 and 2017 Budget papers also show a total funding reduction from almost \$75 million in 2015-16 to just over \$57 million in 2016-17. Can you detail the reason for this significant reduction in funding? Can you detail what impact this reduction in funding had on the operation of the agency?	Written
SQ17-000871	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	Research Funding	With regards to providing more funding for research into rare cancers and those with low survival rates, would it be possible to do this through the Targeted Call for Research scheme? Would that be an appropriate means of funding research into rare cancers?	Written

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SQ17-000872	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	Research Funding	At the public hearing on Funding for Research into Cancers with Low Survival Rates when asked about the publication of the results of trials Prof Kelso stated "It is an expectation rather than a formal requirement." (May 19, Hansard page 32). During Estimates (May 29, Hansard, pg 139), Professor Kelso said "It is a requirement that results will be published". Can NHMRC please clarify whether there is any requirement to publish the results of trials, and if so, detail that requirement (that is, is it a formal requirement or implied, is any reporting back to NHMRC or is it just in medical literature, etc?)	Written
SQ17-000873	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	Research Funding	Has the NHMRC considered publishing or providing a database of results (whether positive or negative) for the research it funds? If not, why not?	Written
SQ17-000874	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	Research Funding	Please clarify NHMRC's role with the Medical Research Future Fund. Is it to disburse or administer grants? Does NHMRC get any say in what is funded?	Written
SQ17-000875	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Reform	\$47 million Suicide Prevention Leadership and Support Program: Can the Department provide details regarding when this funding program went to tender and the date the Minister signed off on the successful recipients? Can the Department also provide a list of successful recipients by state and territory, the individual funding amounts received by each of the successful recipients and a description of what initiative(s) the funding will be used for each of the successful recipients?	Written
SQ17-000876	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Reform	\$12 million Suicide Prevention Research Fund: Can the Department provide details when this funding program went to tender and if the Minister has signed off on the successful recipients? If so, can the Department provide a list of successful recipients have or will receive funding? Can the Department confirm if this money has been allocated or is still yet to be allocated to successful recipients? Can the Department confirm that the \$12 million is not part of any other Government program, announcement or 2017-18 Budget initiative?	Written
SQ17-000877	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Reform	12 Suicide Prevention Trial Sites: Can the Department confirm if advice has been presented to the Minister and if a decision has been made on the specific geographical location of the 9 sites yet to be specified and located and what their focus will be?	Written
SQ17-000878	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Reform	Digital Mental Health Gateway: The Digital Mental Health Gateway went to tender in October last year. There is yet to be an outcome of the tender process. Can the Department confirm if the Minister has received advice and made a decision?	Written
SQ17-000879	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Reform	Project Synergy Can the Department provide an update on the progress of the \$30 million election commitment in relation to Project Synergy? What progress has been made in relation to the trials? Can the Department confirm how many trials there are and if there are any outcomes in relation to these trials? Can the Department confirm the results of these trials will be made public? If yes, when will the outcome of the trials be made public? If the trials have been completed can the Department provide details including the name of the organisations involved and the amount of funding allocated to each trial? Can the Department provide an update in relation to Lifeline's text service? How much funding was allocated to this project and what progress has been made in relation to this project?	Written

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SQ17-000880	2 - Health Access and Support Services	O'Neill, Deborah	ALP	2017 - 18 Budget Initiatives	Telehealth for psychological services Can the Department explain what is meant by 'improving access to psychosocial services'? What is an 'eligible area'? Funding is set at \$9.1 million across the forward estimates – how many people living in regional, rural and remote areas will this assist? Can the Department explain how it reached the funding figure allocated in the Budget? This initiative is contingent on people living in these areas having access to a computer and a reliable internet services – like the NBN. What if a person with a mental illness hasn't got a computer, or is computer illiterate for instance? What happens to that person? Who determines the access to video consultants – is this the GP or psychologist? What about continuity of care? What if the client is accessing the services of a particular psychologist and wants to take up the video consultant option – what will this mean if I am unable to access the same psychologist? In the Budget's explanatory notes it states the following - "This will mean people living in regional, rural and remote Australia will get the same access to psychologists as those living in major cities". How is the Department measuring this statement? What evidence is the department using to substantiate this statement?	Written
SQ17-000881	2 - Health Access and Support Services	O'Neill, Deborah	ALP	2017 - 18 Budget Initiatives	Medicare rebate freeze In relation to the Medicare rebate freeze specifically delivered by psychologists under Better Access and the GP rebate for a mental health plan can the Department confirm they are both part of the Government's rebate freeze? If yes, when will the current rebate freeze be lifted for these item numbers? How many people a year access services under these Medicare services? How many people a year are currently bulkbilled under these Medicare services?	Written
SQ17-000882	2 - Health Access and Support Services	O'Neill, Deborah	ALP	2017 - 18 Budget Initiatives	Suicide prevention support programs The funding allocated in the 2017-18 Budget is \$11.1 million for infrastructure projects aimed at preventing suicide and this includes \$2.1 million for Lifeline. Can the Department explain how the funding will be allocated? For example, by population, on suicide data, or geographic area? Can the Department provide details for what the Lifeline funding will be used for? Will these be new initiatives or for existing projects?	Written
SQ17-000883	2 - Health Access and Support Services	McCarthy, Malrindirri	ALP	Aboriginal and Torres Strait Islander funding	At Budget estimates, a Department official confirmed there was no specific additional funding for mental health and suicide prevention initiatives for Aboriginal and Torres Strait (ATSI) Islander people. Can the Department provide any reasons why there was no funding for ATSI people given the mental health and suicide prevention need that exists across many communities? Can the Department detail the funding that is allocated specifically for ATSI mental health and suicide prevention programs since 2013 and across the forward estimates to 2020-21? Can the Department provide an explanation regarding how the 2017-18 Budget initiatives are culturally appropriate for ATSI people? This includes the telehealth initiative for regional, rural and remote areas. Can the Department provide details regarding how ATSI people were taken into consideration in relation to this Budget measure? Given the Department has confirmed that funding allocated to three organisations as part of the \$15 million provided in the Budget can be used for infrastructure costs, can the Department provide details in relation to how this will enable better research outcomes for ATSI people?	Written
SQ17-000884	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health Roadmap	Question on Notice SQ17-000421 relates to the National Mental Health Roadmap. With the Department advising that the "website became broken" is there any progress in regards to the Department reviewing and updating the website and reinstating the roadmap? Can the Department confirm that the 10-year roadmap will be part of the Fifth National Mental Health and Suicide Prevention Plan? If not, why not?	Written

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SQ17-000885	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Veterans' Mental Health	In relation to the answers provided in SQ17-000445 can the Department provide details in relation to the 12 suicide prevention trial sites and how each will focus on veterans and Defence personnel? What mechanisms has the Department put in place to support the Prime Minister's announcement that each of the 12 suicide prevention trial sites will have a focus on veterans and Defence personnel?	Written
SQ17-000886	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Veterans' Mental Health	In SQ17-000445 the Department stated "All suicide prevention trial sites will provide enhanced services for people who have attempted or are at higher risk of suicide, including veterans and current ADF members". If this is the case, how for example, will the Kimberley and Darwin suicide prevention trial sites that have a focus on Aboriginal and Torres Strait Islanders also have a focus on veterans and Defence personnel?	Written
SQ17-000887	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Veterans' Mental Health	As this has been a direct request by the Prime Minister, can the Department explain how it will measure the focus on veterans and Defence personnel? Given the Prime Minister has stated clearly that each of the 12 suicide prevention trial sites would have a veterans and Defence personnel focus can the Department outline if there are any members of the Kimberley or Darwin suicide prevention trial sites community advisory group that represent veterans or Defence personnel? If not, why not.	Written
SQ17-000888	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Veterans' Mental Health	Can the Department provide a breakdown of total funding that is allocated for services and programs that relate to veterans mental health and suicide prevention? Can the Department provide a breakdown of this funding across the forward estimates? Can the Department confirm if any money has been provided to meet the recommendations of the National Mental Health Commission's Review of services available to veterans and members of the Australia Defence Force (ADF) in relation to prevention of self-harm and suicide? Under the Health portfolio, can the Department provide details in relation to the amount of funding allocated to Veterans' mental health, including individual services or programs and how this funding will make a difference to Veterans' mental health and suicide prevention?	Written
SQ17-000889	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Headspace Centres	During Budget Estimates the Department confirmed that the Minister had received a list of 25 possible headspace centre locations/sites that were then shortlisted to 20. Can the Department provide the list of the 20 sites? Can the Department provide a summary of the advice that was given with the 20 shortlisted locations? What evidence, analysis or other details were provided with the list of 20 shortlisted locations? Can the Department provide the date when the the Minister signed off on the decision he made when choosing where the 10 headspace centres will be located. Can the Department confirm if it is undertaking further work to establish any new headspace centres in addition to the 110 that have been made public?	Written
SQ17-000890	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Mental Health and Suicide Prevention	SQ17-000434 outlines a number of funding amounts in relation to mental health and suicide prevention across the Department of Health portfolio. The Department provided a breakdown of \$4.2 billion across 2015-16. Can the Department provide a breakdown of this funding for 2016-17 and onwards. For each area in Attachment A can the Department provide a further breakdown of what programs and services are delivered and the funding amounts for each of those? In relation to Attachment B can the Department provide the individual funding amounts for each of the organisations listed under each of the program areas including totals? Is there a reason why only funding for 2015-16 is provided? Can the Department provide funding for the same information for 2016-17 and onwards?	Written
SQ17-000891	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Fifth Mental Health Plan	SQ17-000431 outlines more than \$430,000 was spent on hiring consultants to work on the Fifth Mental Health Plan. Can the Department outline if there are any other projects under the Department of Health which required consultants to be hired and the cost associated with hiring these consultants?	Written

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SQ17-000892	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Primary Health Networks	PHN Mental Health Advisory Panel The Minister announced the establishment of the PHN Advisory Panel on Mental Health on 23 March. When will the Terms of Reference, membership and exact tasks for the Panel be made public? Has any funding been allocated to the advisory panel? What will the advisory panel be tasked to do? Will the advisory panel report directly to the Minister for Health? Can the Department provide the timelines for the advisory panel and the terms of reference? What advice was given to the Government so the Minister could make the decision to establish the panel? How has the membership of the Panel been determined, and how is the Government determining the right mix of expertise and experience to provide advice to 31 PHNs with very different regional needs?	Written
SQ17-000893	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Primary Health Networks	Given the PHNs are required to apply a regionally based approach to planning and commissioning services – which was the Government's core reason for establishing the PHNs – how will a centralised & national panel ensure this regional focus is not lost and also have the expertise to provide advice on each 31 PHNs regions issues? PHNs are required to commission services which providers and organisations in the sector are required to tender for. Will there be any members of the Panel who could also potentially be tendering for services or have a connection to a service or organisation tendering for services, and if so, does this create issues around conflict of interest?	Written
SQ17-000894	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Primary Health Networks	PHN Governance Can the Department confirm if there is a document that sets out the governance of the PHNs? Can the Department explain the governance arrangements that are in place for the PHNs? In relation to the PHN Boards – who can be a member of those Boards? Can the Department outline what expertise the members must have to be in the Board including those who are Chairs? Does the Department provide the Minister with a list of board members for each of the 31 PHNs? When was the last time the Department provided advice to the Minister in relation to members and chairs of the 31 PHNs? Is it the Department's role to monitor the membership of the PHN Boards? For example, could Board members who are also service providers tender for services under the governance arrangements?	Written
SQ17-000895	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Primary Health Networks	PHN Commissioning Given the PHNs report to the Department is there a process by which the Department analyses the organisations that are successful in the tender process? For example, can the Department provide a list of organisations that are currently providing services in each of the 31 PHNs by annual turnover? If not, why not? How does the Department determine if the PHNs are commissioning services for a wide range of organisations from large service providers to small service providers? Is the Department aware of any issues in relation to smaller organisations being squeezed out of the tender process due to larger organisations having more staff and resources to participate in the submission process? How do smaller organisations that provide specialised services compete on an equitable level? Have any issues of this nature been raised with the Department of Health by mental health providers?	Written
SQ17-000896	2 - Health Access and Support Services	O'Neill, Deborah	ALP	Medicare Benefits Scheme Chronic Disease Management arrangements	In relation to the answers provided in SQ17-000283 the Department's answer provided information in relation to MBS items 721 - 731 under the MBS CDM arrangements. Can the Department provide details in relation to the number of people who access the Chronic Disease Management arrangements? Can these figure also include those residents who access mental health services who live in Residential Aged Care Facilities?	Written

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SQ17-000897	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Funding	Why was the Department of Health unable to confirm the number of people accessing support under its two funded programs - Day to Day Living and Partners in Recovery during Budget Estimates? Can the Department provide a detailed explanation to why this is the case? During Budget Estimates the National Mental Health Commission's CEO Dr Peggy Brown commented on the \$80 million funding included in the 2017-18 Budget. Dr Brown stated the funding "is a starting point" adding that the "\$80 million is not a lot – it's not going to buy all of the psychosocial disability that is required". Can the Department explain why the figure of \$80 million was allocated? Can the department provide any evidence or analysis to support this funding for the Budget. Can the Department confirm the number of people this amount of funding will support who have a mental illness and won't be eligible for the NDIS? Can the Department outline what consultation, if any, was undertaken by the Department of Health, the Minister's office or with State and Territory Governments prior to the 2017-18 Budget in relation to the \$80 million NDIS funding being contingent on matched funding? When did this consultation occur? Can the Department outline if any correspondence was sent by the Department of Health, or the Minister prior to the 2017-18 Budget in relation to the \$80 million NDIS funding? When was this correspondence sent? Can the Department outline if any consultation or correspondence was undertaken or sent by the Department of Health, or the Minister after the 2017-18 Budget in relation to the \$80 million NDIS funding? When was the correspondence sent or when did the consultation occur?	Written
SQ17-000898	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Funding	Can the Department provide details in relation to the 'continuity of support' provision that the Commonwealth, States and Territory Governments have a responsibility to provide for those people who will not be eligible for the NDIS? Where is this documented and can the Department provide a copy of this agreed position? What are the timeframes in relation to this 'continuity of support' agreement? In relation to the State and Territory Governments' matched contributions in relation to the \$80 million Budget initiative, can the Department explain what will happen to people living with a mental illness who are not eligible for the NDIS in a jurisdiction that decides not to participate in this funding arrangement? Can the Department explain how these individuals will continue to access services? Noting there have been estimated figures from the Government about eligibility through the Department of Health's Productivity Commission submission but that there are also anecdotal figures about the level of eligibility, has there been a proper piece of work examining the exact levels of ineligibility and what percentage or numbers of people the \$80 million (and then \$160 million) will actually assist, and would there still be a gap?	Written
SQ17-000899	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Funding	In relation to NDIS funding, the Department of Social Services confirmed in Budget Estimates that it is due to deliver on a Continuity of Support Strategy that will be presented to the Minister by the end of the calendar year. As the Department of Health is responsible for the \$80 million funding allocation in the 2017-18 Budget and for people with a mental health illness who will not be eligible for the NDIS and as confirmed by the Department of Social Services in Budget Estimates that the "Department of Health has the lead on mental health at a Commonwealth level" is there any strategic work being undertaken to ensure there is continuity of support? If yes, can the Department provide details in relation to this work. If there is not any work being undertaken, why not? Looking beyond the transition phase after 2019, what strategic work is the Department of Health undertaking in relation to people who are yet to be supported by programs such as Partners in Recovery or Day to Day Living who are living with a mental health illness and who will not be eligible for the NDIS? If no work is being undertaken, why is this the case?	Written

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SQ17-000900	2 - Health Access and Support Services	O'Neill, Deborah	ALP	NDIS Funding	During Budget Estimates the Department of Social Services stated that the Commonwealth funds mental health programs "to the tune of \$0.4 billion and the States provide \$1.8 billion". Can the Department confirm these amounts are correct? If these amounts are correct, can the Department provide details in relation to the breakdown of the \$0.4 billion by programs and services and the \$1.8 billion for each State and Territory? In regards to the Commonwealth's contribution, can the Department also provide the number of people that are supported? As stated in Budget Estimates by the Department of Social Services, it is the State and Territory Governments that have primary responsibility for delivering mental health services to their clients living with mental illness who are not eligible for the NDIS, providing \$1.8 billion for services. What work is being undertaken with the State and Territory Governments by the Commonwealth, including the Department of Health at a COAG level or at a Departmental level to ensure adequate services and continuity of care continues for clients up to June 2019 and for new clients post June 2019? If no work is being undertaken, why is this the case?	Written
SQ17-000901	2 - Health Access and Support Services	McCarthy, Malrindirri	ALP	Primary Health Networks	The PHNs received funding for suicide prevention that was originally specifically for providing responses to Aboriginal and Torres Strait Islander suicide prevention approaches – can the Department confirm this funding is now in the general mental health flexible funding pool for PHNs? What processes does the Government have in place to monitor that this funding is directed towards services for Aboriginal and Torres Strait Islander people? Is the Government monitoring and keeping track of what approaches or services are being commissioned by the PHNs in Aboriginal and Torres Strait Islander suicide prevention, and is the Government able to provide a breakdown of what services, who is providing them and in what PHN locations? Is the Government ensuring the PHNs use the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project to guide the services they commission, in particular that approaches are developed specifically for each community and involve the direct involvement of communities to develop the approaches? This includes not taking approaches designed for non-Aboriginal communities and thinking they can work in Aboriginal communities, and are there instances that the Government knows of where this occurring?	Written
SQ17-000902	2 - Health Access and Support Services	Collins, Jacinta	ALP	Mental Health in Multicultural Australia	a) In relation to the MHiMA program, when will the tender process be complete b) What promotion has the tender for the MHiMA program has been advertised? When did this occur? c) How long has there been no active (excluding web presence) MHiMA program for now?	Written
SQ17-000903	2 - Health Access and Support Services	Collins, Jacinta	ALP	Mental Health in Multicultural Australia	In relation to the use of Primary Health Network's (PHNs) for planning regionally appropriate, locally-based and suicide prevention services, can you list which programs are targetted at CALD communities? How much resources have been provided to these specific programs?	Written
SQ17-000904	2 - Health Access and Support Services	Collins, Jacinta	ALP	Mental Health in Multicultural Australia	Why has there been such a delay in implementing a MHiMA program update when the report providing advice on future directions of the program 'Mental Health in Multicultural Australia Project - Recommendations for Future Directions Report' has been with the Department since April of 2016, over a year ago	Written
SQ17-000905	2 - Health Access and Support Services	Collins, Jacinta	ALP	Mental Health in Multicultural Australia	Have any concerns by stakeholders been raised with the office in relation to the lack of transparency and clarity as to the future direction of the MHiMA? How many concerns have been raised?	Written
SQ17-000906	2 - Health Access and Support Services	Collins, Jacinta	ALP	Mental Health in Multicultural Australia	How many people accessed the MHiMA on an annual basis before funding was cut in 2016? How many people currently use the resources available on the web presence? What does the Department attribute any difference to?	Written

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SQ17-000907	3 - Sport and Recreation	Farrell, Don	ALP	National Sports Plan	a) Minister Hunt has mentioned to me a panel that will review sport integrity - have the members of that panel been chosen or appointed? b) If so, could you please provide details of all members of the panel? c) If not, who will choose and appoint the members of the panel and on what criteria will they be chosen and appointed? d) It has also been suggested to me that there will be a panel or panel tasked with considering various options for the National Sports Plan more broadly - have the members of that panel / those panels been chosen or appointed? e) If so, could you please provide details of all members of the panel(s)? f) If not, who will choose and appoint the members of the panel(s) and on what criteria will they be chosen and appointed?	Written
SQ17-000908	3 - Sport and Recreation	Farrell, Don	ALP	National Sports Plan	During the Estimates hearing, Dr Studdert said consultations around the National Sports Plan would be conducted with "a range of stakeholders" and indicated the Government would be approaching some pro-actively - have any specific agencies, organisations (including NSOs) or individuals been directly invited to be part of that consultation process and if so, could you please provide their details?	Written
SQ17-000909	3 - Sport and Recreation	Farrell, Don	ALP	National Sports Plan	Could you please clarify the identity of individual or organisation that provided modelling to the ASC on the revenue potential of a National Sport Lottery?	Written
SQ17-000910	3 - Sport and Recreation	Farrell, Don	ALP	National Sports Plan	Why are the operations of the AIS being looked at in a separate 'National Institute Review' but not, according to Dr Studdert, anticipated to be part of the National Sports Plan consultations?	Written
SQ17-000911	3 - Sport and Recreation	Farrell, Don	ALP	Efficiency Dividend	a) What is the current rate of the Efficiency Dividend applied across Outcome 3 (Sport)? b) Is the rate the same as the rate across the rest of the Health Portfolio? c) Can you confirm that the Efficiency Dividend applies across the Office for Sport, ASC, ASADA and all programs administered by any of those entities? d) Are there any other agencies or organisations provided with funding under Outcome 3? e) Is the Efficiency Dividend applied to the appropriations or allocations for any of those agencies and organisations? f) If so, is it applied at the same rate for all agencies or organisations?	Written
SQ17-000912	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	A News Corp story published on April 10 stated that the default privacy setting during the trial stage was for "universal access" meaning that any registered health practitioner could view a person's ehealth record. Is that still the case? Will privacy be set at "universal access" when the system is rolled out nationally? a) If so, how will the department ensure people understand this, and encourage them to set up a Personal Access Code to protect their privacy? b) Will there be an education component to advise people of what people need to do to protect their privacy, as well as how they can opt out?	Written
SQ17-000913	3 - Sport and Recreation	Farrell, Don	ALP	ASC Investment Allocation	Participation funding in the 2017-18 Investment Allocation seems to be heavily skewed towards sports that will feature in the 2020 Olympics (or in the case of Squash, the 2018 Commonwealth Games) - Is that deliberate and if so can you please detail the funding criteria that this is based on?	Written
SQ17-000914	3 - Sport and Recreation	Farrell, Don	ALP	ASC Investment allocation	a) Will the National Sports Plan consultation process include NSODs and consider future funding for NSODs and if so which NSODs and other relevant organisations will be invited to be part of the consultation process? b) If not, why not?	Written
SQ17-000915	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	In 2016, the Prime Minister and former Minister Ley announced that the Sporting Schools Program would receive an additional \$60 million in funding and would be extended to include students in Years 7 and 8 and to have a particular focus on girls - is that still the plan?	Written
SQ17-000916	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	When will the national rollout occur? a) How will it occur? Will it be in stages across different states/Primary Health Networks or will it all just be "switched on" nationally at a particular date?	Written

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SQ17-000917	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	How will individual accounts be created and activated? Automatically created for everyone with a Medicare card? Activated after first visit to the doctor post start date? a) If accounts are set up automatically, where does this leave people who want to use a pseudonym (as allowed)? Will they have to manually delete or manage automatically generated accounts?	Written
SQ17-000918	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	a) Given the additional funding has been split to provide \$40 million in 2017-18 and about \$20 million for 2018-19, how will this expansion of the program be possible with the same or less annual funding than the program has had in previous years? b) What consultation, if any, was conducted with existing providers during the process of designing the program? c) Was any consultation done with schools? If so, what exactly was done?	Written
SQ17-000919	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	What will be the primary management portal? a) If it is MyGov, what is the department doing to ensure the issues identified in the Evaluation report – of people having difficulties with the call centres and myGov website - will be fixed by the start date?	Written
SQ17-000920	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	What systems are in place to prevent or penalise unauthorised access? a) How is unauthorised access detected? Is it automatically monitored and detected by the department, or must it be reported by the consumer or their primary healthcare provider? b) What recourse will there be for consumers who have incorrect info added to their account, or experience unauthorised access or sharing of their information? c) Is the department aware of any attempts, to date, to hack into My Health Records?	Written
SQ17-000921	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	a) In answer to QoN 481 from last Estimates, I was told there had been a single complaint about each of four sporting organisations. Is that one communication or could multiple contacts from the same individual or organisation have been counted as one complaint? b) If multiple contacts have been counted as one complaint in answer to QoN 481, could you please provide the total number of individual communications regarding issues with the program since it began? c) Could you please break down the data in response to the previous question by NSO, by State and by school or provider (where more than one contact has been made by the same school or provider)?	Written
SQ17-000922	1 - Health System Policy, Design and Innovation	Griff, Stirling	NXT	My Health Record	How successful has the Practice Incentives Program eHealth Incentive been in encouraging GPs to actively use the My Health Record system? a) How many GPs and practices have registered? How many GPs and practices are actively using the My Health Record system? b) According to the MyHealthRecord website, the ePIP had been successful in encouraging the majority of general practices to become “My Health Record ready”, however this had not translated into active use of the system. Why is this the case?	Written
SQ17-000923	6 - Ageing and Aged Care	Griff, Stirling	NXT	Home Care Packages	a) Regarding Home Care Packages: What happens to funds kept in credit in circumstances where a package holder dies? Does the provider keep any funds in credit or are they required to return it to the Department? b) If funds need to be returned, how does the Department verify that credited funds have all been returned? c) Is there a requirement for the provider to provide an itemised statement/final account to the executor of the deceased person's estate and/or the Department?	Written
SQ17-000924	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	a) Have any complaints been lodged or issues raised about the operation of the program since the last round of Estimates? b) If so, could you please provide details? c) Is there a process or protocol for dealing with and resolving complaints and / or problems? d) Does that process include any opportunity for review of the way the program is implemented and for change if areas that could be improved are identified?	Written
SQ17-000925	4 - Individual Health Benefits	Griff, Stirling	NXT	After Hours Service	Regarding items 597-600 are for “urgent” after hours’ care: Given the MBS goes into detail about timed visits and has very specific criteria, why is “urgent” not clearly defined?	Written

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-000926	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	a) Are you aware that the program is being run in a way that is threatening to put some long-standing providers of school sport out of business? b) Are you aware the program is being run in a way that is making it impossible for schools to run preferred, existing programs?	Written
SQ17-000927	4 - Individual Health Benefits	Griff, Stirling	NXT	After Hours Service	Can the department provide de-identified information on the type and number of fraud incidents investigated in 2015-16 and the financial year to date relating to urgent after hours services?	Written
SQ17-000928	4 - Individual Health Benefits	Griff, Stirling	ALP	After Hours Service	As of March 27, 10 practitioners had been referred to the Professional Services Review to investigate potential inappropriate practice in relation to after-hours services. What is that number for 2016-17? What has been the outcome of these referrals?	Written
SQ17-000929	4 - Individual Health Benefits	Griff, Stirling	NXT	Musculoskeletal Ultrasound	Regarding MBS Item 55850: Musculoskeletal Ultrasound (US) guided injection. I understand the benefit cost per 100,000 population has increased from \$2,036 in 2000/01 to \$114,650 in 2015/16 – a 56-fold increase in cost. a) Is the department aware of this increase? b) What are the reasons for this increase? c) What steps, if any, is the department taking to prevent inappropriate billing for point of care Musculoskeletal Ultrasound by medical practitioners?	Written
SQ17-000930	4 - Individual Health Benefits	Griff, Stirling	NXT	MSAC	I am advised the Royal College of Pathologists submitted Application 1459 on the “Somatic gene rearrangements, copy number aberrations and/or mutations for the diagnosis and classification of tumours” to MSAC in May 2016. It was not tabled at the PASC meeting in December as expected. In March this year, after enquiries made by the College, it was advised the application was not suitable. a) Is it unusual for 10 months to elapse before an assessment is made? b) What is the average timeline from receipt of applications to a decision by MSAC? c) Is the college’s experience - where it had to follow up to hear the outcome, rather than being contacted by the committee – typical of the MSAC’s processes? If not, what should have happened?	Written
SQ17-000931	4 - Individual Health Benefits	Griff, Stirling	NXT	MSAC	Is it standard practice to ensure the panel reviewing a particular application will have at least one expert in the field relevant to the application being assessed (in this case a specialist pathologist)?	Written
SQ17-000932	2 - Health Access and Support Services	Griff, Stirling	NXT	Telehealth	a) Why are GPs are not allowed to provide telehealth consultations for patients from rural and remote locations? b) Why are telehealth items only limited to specialists and psychologists?	Written
SQ17-000933	3 - Sport and Recreation	Farrell, Don	ALP	Sporting Schools	The response to my QoN 482 from last Estimates was unclear. Is support for schools and providers under the program limited to a telephone hotline and other non face-to-face options like email?	Written
SQ17-000934	2 - Health Access and Support Services	Griff, Stirling	NXT	Telehealth	Regarding mental health items: Given GPs can offer 10 face-to-face visits for focussed psychological strategies, will the department consider allowing patients who live more than 50km from their GP to access this as a telehealth service?	Written
SQ17-000935	3 - Sport and Recreation	Farrell, Don	ALP	Local Sporting Champions	a) What stage is Round 3 of the Local Sporting Champions program for 2016-17 at? b) Will the program continue beyond that round? c) If it will, are further rounds funded - because there doesn't seem to be any new money for the program in the Budget?	Written
SQ17-000936	2 - Health Access and Support Services	Griff, Stirling	NXT	Suicide Prevention	a) How many PHNs have commissioned regionally appropriate suicide prevention activities? b) How many PHNs have combined with Aboriginal and Torres Strait Islander communities to target local suicide prevention activities in the last 12 months?	Written
SQ17-000937	3 - Sport and Recreation	Farrell, Don	ALP	Appointment of new CEO	a) Was the vacancy for the role of CEO of ASADA advertised? b) If not, why not? c) If so, could you please provide details about how, where and for how long it was advertised? d) Is it possible to provide the names of all applicants and specify the names of the four who were interviewed?	Written
SQ17-000938	2 - Health Access and Support Services	Griff, Stirling	NXT	Suicide Prevention	Is there as yet any reporting requirement for PHNs on the implementation of the National Suicide Prevention Strategy?	Written

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SQ17-000939	2 - Health Access and Support Services	Griff, Stirling	NXT	Suicide Prevention	The Living is for Everyone (LIFE) Framework has been running since 2000 and was updated in 2007. What evidence of effectiveness does the Department have of this program?	Written
SQ17-000940	2 - Health Access and Support Services	Griff, Stirling	NXT	Suicide Prevention	Given that in the last 15 years, there has not been any decrease in suicide rates, what additional steps is the Department considering to address this?	Written
SQ17-000941	4 - Individual Health Benefits	Griff, Stirling	NXT	CT Teleradiology	a) How many radiology centres in rural and regional areas currently provide CT scans without a radiologist present? b) Has there been any evidence of excess adverse events at these centres in comparison to centres where a radiologist is present? c) Can the department clarify the reasons for the cancellation of the supervision exemption for rural and remote CT scan centres? d) Has the Department been contacted by centres concerned about the impact of this change, in particular any concerned that they may be forced to close down as a result of this change? e) If so, how many complaints have been received and what is the nature of these complaints?	Written
SQ17-000942	3 - Sport and Recreation	Farrell, Don	ALP	Voluntary Redundancies - Outcome 3	a) Has there been any progress towards the finalisation of voluntary redundancies? b) If there has, are any of those redundancies from the Population Health and Sport Division and / or specifically from the Office for Sport or National Integrity of Sport Unit (NISU)? c) If not, when will that process be finalised? d) When the information is available, could you please provide a detailed breakdown of any positions within the Office for Sport made redundant through this round of voluntary redundancies?	Written
SQ17-000943	3 - Sport and Recreation	Moore, Claire	ALP	Medical Research Future Fund	Why is the MRFF funding overseas global health R&D such as CEPI (the organisation tasked with developing early vaccines against emerging diseases threats e.g. ebola), when overseas programs are the responsibility of DFAT?	Written
SQ17-000944	4 - Individual Health Benefits	Griff, Stirling	NXT	Hearing Aids	a) Does the Department provide any information resources for the general public requiring hearing aids - aside from information about the Hearing Services subsidised program for concession-card holders and pensioners - to assist them with decision-making on devices? b) If not, why not? c) Will the Department consider developing resources to help people who are not eligible for the government's subsidy program (ie, general consumers) navigate the purchase of a hearing aid and making them aware of commissions?	Written
SQ17-000945	4 - Individual Health Benefits	Griff, Stirling	NXT	Hearing Health	a) Can the Department provide a breakdown of the programs (and costings) it funds that target hearing loss and the reduction of otitis media rates among the Indigenous population? b) How are these programs monitored as to their effect?	Written
SQ17-000946	4 - Individual Health Benefits	Griff, Stirling	NXT	Hearing Health	a) Has the Department conducted an overall evaluation of the efficacy of existing health services in addressing Aboriginal and Torres Strait Islander ear disease? If not, why not? b) The Royal Australasian College of Surgeons is advocating for a national approach to address this issue as a matter of urgency. Has the Department conducted any modelling on a national approach to ear health?	Written
SQ17-000947	4 - Individual Health Benefits	Griff, Stirling	NXT	Insulin Pumps	Regarding the announcement the Government would fully subsidise continuous glucose monitoring products to type 1 diabetics aged under 21 years: a) Is this unconditionally available to all type 1 diabetics under 21? Is it means tested? b) What is the per unit cost of these devices to the department? c) How many users do you have or expect to have each year? d) Can the Department please provide the clinical advice it relied on to determine that the program should only extend to diabetics aged under 21. e) What support or transitional assistance is in place to assist these young adults when they turn 21 to manage manual daily injections? f) Is there any reason insulin pumps shouldn't be fully subsidised for all people with Type 1 diabetes? Is it purely a cost issue?	Written
SQ17-000948	6 - Ageing and Aged Care	Griff, Stirling	NXT	ACAT	a) What is the current waiting period for an ACAT assessment in each state? b) Can the Department detail the steps to be taken by each state and territory department to address timeliness and quality of ACAT assessments, as outlined in the plans they have supplied to the Department (referred to pg 92 Hansard, May 30)	Written

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SQ17-000949	4 - Individual Health Benefits	Griff, Stirling	NXT	Non-medical Surgical Assistants	Regarding Non-medical surgical assistants being unable to claim fees through Medicare: Has the Department done any modelling on the savings to Medicare and/or PHI if a medical assistant fee (Items 51300 and 51303) were paid to NMSAs at the rate of 15% (as in the Queensland WorkCover schedule)?	Written
SQ17-000950	2 - Health Access and Support Services	Griff, Stirling	NXT	Non-medical Surgical Assistants	a) I understand meetings were held in Canberra in 2015 between the Australian Association of Nurse Surgical Assistants and representatives from the Medicare Benefits Schedule. Have there been additional meetings since then? b) Were any outcomes achieved from these meetings?	Written
SQ17-000951	2 - Health Access and Support Services	Griff, Stirling	NXT	Non-medical Surgical Assistants	a) The role of NMSA is not professionally recognised or governed by the Australian Health Practitioner Regulation Agency (AHPRA) via either the Board of Nursing and Midwifery Australia or the Medical Board of Australia. Has the Department given consideration to the need for additional regulation of this role? b) Has the Department had any discussions with the Australian surgical community, such as the Royal Australasian College of Surgeons, regarding this issue? If so, what was the outcome? c) Has the Department had any discussions with APHRA about this issue? If so, what was the outcome?	Written
SQ17-000952	2 - Health Access and Support Services	Griff, Stirling	NXT	Health Care Homes	a) Regarding the appointment of contractor Health Policy Analysis to evaluate the Health Care Homes program, what was the selection process? b) Was this an open tender? c) What is the cost of this evaluation? d) HPA is contracted for the stage 1 evaluation. Is there any part of the contract that provides for additional or extended contracts?	Written
SQ17-000953	2 - Health Access and Support Services	Griff, Stirling	NXT	Health Care Homes	a) What prior experience has HPA in developing indicators for evaluation of primary health care? b) Are any of the team employed by HPA former Department of Health staff?	Written
SQ17-000954	2 - Health Access and Support Services	Griff, Stirling	NXT	Health Care Homes	The Department has spent \$60 million in developing indicators for use in primary care in the Australian Primary Care Collaborative program (APCC). Will these indicators be used in the HCH Program? If not, why not?	Written
SQ17-000955	2 - Health Access and Support Services	Griff, Stirling	NXT	Indigenous Liaison in Hospitals	How many hospitals across the country have indigenous liaison staff available on call?	Written
SQ17-000956	6 - Ageing and Aged Care	Polley, Helen	ALP	National Dementia Framework funding	Can you confirm whether funding is attached to the initiatives under the National Dementia Framework, and if so, can you detail all funding linked to each of the seven priorities?	Written
SQ17-000957	2 - Health Access and Support Services	Griff, Stirling	NXT	Indigenous Liaison in Hospitals	Katherine Hospital's use of indigenous liaison staff appears to have improved treatment completion rates for indigenous people. Has the department considered mandating Indigenous liaison staff at every hospital that cares for a significant indigenous population?	Written
SQ17-000958	2 - Health Access and Support Services	Griff, Stirling	NXT	Indigenous Liaison in Hospitals	What measures does the Department have in place in hospitals that care for a significant Indigenous population to facilitate improved engagement with Indigenous patients and their families and to support doctors?	Written
SQ17-000959	2 - Health Access and Support Services	Griff, Stirling	NXT	Indigenous Liaison in Hospitals	Are all hospitals required to provide access to interpreters for indigenous patients who do not speak English?	Written
SQ17-000960	2 - Health Access and Support Services	Griff, Stirling	NXT	IHPA	a) Why does the Independent Hospital Pricing Authority not collect any data from private day surgery and day hospitals? b) What proportion of hospital services are provided by day hospitals and day surgery?	Written
SQ17-000961	2 - Health Access and Support Services	Griff, Stirling	NXT	GP Shortages	Over the past decade, only 1 in 11 junior doctors are going into GP training. Does the Department consider there will be a shortage of GPs in the foreseeable future? If not, why not?	Written
SQ17-000962	2 - Health Access and Support Services	Griff, Stirling	NXT	GP Shortages	Does the Department have strategies in place to encourage more doctors/doctors in training to consider general practice?	Written

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SQ17-000963	5 - Regulation, Safety and Protection	Griff, Stirling	NXT	Prostheses - Heart Stent	a) In March, the US FDA advised of increased risks of adverse cardiac events in people with the Absorb GT1 Bioresorbable Vascular Scaffold (BVS) by Abbott Vascular. Can the Department advise how many Australian patients have been implanted with this device? b) Given a review of two year data shows a higher risk (11 percent vs 7.9 percent) of major adverse cardiac events for this device compared with the XIENCE stent, how many additional heart attacks are expected due to this device being implanted in the last 12 months?	Written
SQ17-000964	6 - Ageing and Aged Care	Polley, Helen	ALP	National Dementia Strategy development	Can you confirm whether or not the Government intends to develop a national dementia strategy?	Written
SQ17-000965	5 - Regulation, Safety and Protection	Griff, Stirling	NXT	Prostheses - Heart Stent	Did this device have two years of published peer reviewed results prior to being approved by the PLAC?	Written
SQ17-000966	6 - Ageing and Aged Care	Polley, Helen	ALP	Roadmap	When will the Department formally respond to the Aged Care Roadmap?	Written
SQ17-000967	5 - Regulation, Safety and Protection	Griff, Stirling	NXT	Prostheses - Heart Stent	Why did the TGA wait for the manufacturer to voluntarily withdraw the product when the FDA became concerned 6 weeks prior?	Written
SQ17-000968	6 - Ageing and Aged Care	Polley, Helen	ALP	Sector data	Can you provide all reports and data provided to the National Aged Care Alliance and the Aged Care Sector Committee in 2016 and 2017?	Written
SQ17-000969	5 - Regulation, Safety and Protection	Griff, Stirling	NXT	Prostheses - Heart Stent	a) What is the Department's role when a product has been found to have an increased risk compared to comparable products (with regards to withdrawing the product, issuing recalls if relevant, communicating with doctors and patients)? b) Does it have a role in ensuring the manufacturer adequately communicates with doctors, and patients if applicable?	Written
SQ17-000970	5 - Regulation, Safety and Protection	Griff, Stirling	NXT	HIV	a) Early results from Queensland's PrEP trial have shown a 16 percent reduction in new HIV cases (48 notifications in April 2017 compared with 57 in 2016). Has the department considered rollout of this trial nationally? If not, why not? b) What HIV prevention strategies are federally funded?	Written
SQ17-000971	6 - Ageing and Aged Care	Polley, Helen	ALP	Single Assessment and Funding Framework	What work has been done on the development of a single government operated assessment process including funding, such as ACFI assessments?	Written
SQ17-000972	4 - Individual Health Benefits	Griff, Stirling	NXT	Prostheses Pricing	a) Does the Department have any liaison / connections with other national health purchasing authorities such as in France, Japan, Germany and the UK? b) What savings could be obtained for patients in Australia through better understanding of relevant international reference pricing?	Written
SQ17-000973	6 - Ageing and Aged Care	Polley, Helen	ALP	Single Assessment Framework	Is the government committed to moving to a single assessment process on or before July 2020? What work have you done on the development of a single assessment process for service eligibility?	Written
SQ17-000974	5 - Regulation, Safety and Protection	Roberts, Malcolm	ON	Immunisation	Has government mandated immunisation been subject to cost-benefit-analysis (CBA) including the under-stated costs to health & freedom as well as the over-stated benefits in history?	Written
SQ17-000975	6 - Ageing and Aged Care	Polley, Helen	ALP	Workforce Taskforce	Were any unions invited to join the aged care workforce taskforce, announced in the 2017 Budget?	Written
SQ17-000977	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	How much, in total, has been spent on the Personally Controlled Electronic Health Record (PCEHR)/My Health Record to date?	Written
SQ17-000978	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	Can you provide a breakdown of successful providers for CHSP growth funding by electorate? Including: - amount of existing funding; - total growth funding; - total services contracted to or have committed to deliver; - the percentage of the total cost of the services provided that are funded by CHSP funding?	Written
SQ17-000979	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	It is understood that Meals on Wheels receive a contribution of only 20% of the total cost of their CHSP services from the Federal Government, compared to most CHSP providers who receive up to 90%. Can you either confirm or provide evidence to the contrary that this is the case?	Written
SQ17-000980	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	How much current and growth funding has been provided to Meals on Wheels' nationally, and does the Government know how many services this provides? 3. Will any of the CHSP \$240.4M growth funding included in the 2017-18 Budget be allocated to address the concerns of Meals on Wheels?	Written

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SQ17-000981	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	Does the Government plan to integrate HCP and CHSP, and if so, can you provide details about how and when this will occur?	Written
SQ17-000982	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	Some organisations have raised concerns about the lack of engagement from government on the planned integration of HCP and CHSP. Now that this has been delayed, will the government commit any funding to provide sector support to assist organisation to prepare for the transition, and for advocacy through this process?	Written
SQ17-000983	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	What are the reasons for the continued delays to the roll out of Ehealth in Australia?	Written
SQ17-000984	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	Exactly how many people have an Ehealth record now? Break down by state.	Written
SQ17-000985	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program	Has the Government collected any quantitative data on unmet demand by service type for CHSP yet? If yes, can you please provide, if no, when do you expect to have any data?	Written
SQ17-000986	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	How many people are expected to have one by the end of 2017?	Written
SQ17-000987	6 - Ageing and Aged Care	Polley, Helen	ALP	Commonwealth Home Support Program Extension	What consultation did the Department undertake with providers, unions, consumers or others before taking the decision to extend existing CHSP contracts and Regional Assessment Services until June 2020?	Written
SQ17-000988	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	When is it anticipated that it will be universal?	Written
SQ17-000989	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages - Administration fees	What is the median and mean value and percentage of total package value of administration and other fees for each level of home care package?	Written
SQ17-000990	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	What training is available for doctors and practices?	Written
SQ17-000991	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	a) How many doctors currently use the system? b) How will you ensure that all doctors use the system?	Written
SQ17-000992	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages - assessment delays	Given the significant and varied delays on ACAT assessments will the Department consider backdating priority to the date consumers are referred for an assessment, not the date they are approved for a package?	Written
SQ17-000993	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	What is the status of the draft National Digital Health Strategy for Australia July 2016 - June 2019?	Written
SQ17-000994	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	There was a consultation which closed in January this year? Where is it up to?	Written
SQ17-000995	6 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages - Choice	What are the most recent figures on how many HCP holders have changed providers since the reforms commenced?	Written
SQ17-000996	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	MyHealth Record	How does the Agency intend to spend the significant new money to make a success of the My Health Record program? How could we assess their strategy, Advertising, Education, Staff and Technology? Please be specific.	Written
SQ17-000997	6 - Ageing and Aged Care	Polley, Helen	ALP	Health Care Packages - errors	After 27 February 2017, some clients were incorrectly sent paperwork that included a unique referral code for a HCP, when they hadn't yet been allocated a package. Can you confirm how many clients this impacted and where this occurred? What communication occurred with clients following this error? Can you detail what other paperwork and other errors have occurred since the 27 February 2017 changes and how they were responded to?	Written
SQ17-000998	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	MyHealth Record	I understand use of the MyHealth Record by doctors is minimal, because doctors do not see it as clinically useful or fit for purpose thus far. Is it true that at present the 'stick' being used to encourage doctors to use it is that they must upload a certain portion of patients' Shared Health Summaries or they lose a practice incentive payment – the ePIP?	Written
SQ17-000999	6 - Ageing and Aged Care	Polley, Helen	ALP	Health Care Packages - Exit Fees	What's the maximum exit fee that a client has paid to exit a package?	Written

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SQ17-001000	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Ehealth	The "compact" with the RACGP, includes a promise from the College to support adoption of the MyHealth Record in general practice. How does the government envisage the RACGP encouraging individual practices to use the system? They do not have the power to compel as far as I am aware? What other strategies are in place?	Written
SQ17-001001	6 - Ageing and Aged Care	Polley, Helen	ALP	Health Care Packages - Exit Fees	How many providers have listed an exit amount of \$1,000 or more on My Aged Care? Compared to 1 March 2017?	Written
SQ17-001002	2 - Health Access and Support Services	Di Natale, Richard	AG	Health Work Force Scholarship Program	What will the savings be under the new Health Work Force Scholarship Program (HWSP) – which is approximately \$11m per year over 3 years compared with the previous programs, the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) and the Rural Australian Medical Undergraduate Scholarship (RAMUS)?	Written
SQ17-001003	6 - Ageing and Aged Care	Polley, Helen	ALP	Health Care Packages - Fee transparency	What percentage of providers have supplied information on their pricing and 'average percentage of package available for service' on the My Aged Care home care service finder? If the current lack of pricing information persists on My Aged Care will the department compel providers to provide this information so the site can function as a useful source of comparison for consumers?	Written
SQ17-001004	2 - Health Access and Support Services	Di Natale, Richard	AG	Bonded Medical Programs	We are now seeing students who went through university under the bonded medical programs complete their return of service – or commence their return of service. Can the Department please identify: a) How many students under the Medical Rural Bonded Scholarship program have completed their return of service? How many are currently undertaking their return of service? What remoteness areas are they/did they meet their commitment in? Of those who have completed their service, how many remain in rural and remote communities? b) How many students under the Bonded Medical Places program have completed their return of service? How many are currently undertaking their return of service? What remoteness areas are they/did they meet their commitment in? Of those who have completed their service, how many remain in rural and remote communities? c) How many bonded students have completed their education but have not yet commenced their return of service? How many have gone overseas? How many have paid off their Bond? d) Can the Department please provide a table showing how many bonded students have completed their university training for each year since the programs commenced.	Written
SQ17-001005	6 - Ageing and Aged Care	Polley, Helen	ALP	Health Care Packages - Interim packages	How many people are currently on interim packages while they wait for a higher package to be allocated, broken down by package level? And by jurisdiction?	Written
SQ17-001006	2 - Health Access and Support Services	Leyonhjelm, David	LDP	Harm reduction	Does current government drugs policy support harm reduction?	Written
SQ17-001007	2 - Health Access and Support Services	Di Natale, Richard	AG	Rural Health	The companion Rural and Remote Health Workforce Strategy was archived in 2014, when will it be replaced?	Written
SQ17-001008	2 - Health Access and Support Services	Di Natale, Richard	AG	Rural Health	Why does the Australian Health Practitioner Regulation Agency not report on registrations by jurisdiction and remoteness as a matter of course? When will this be adopted?	Written
SQ17-001009	2 - Health Access and Support Services	Di Natale, Richard	AG	Prevention/Healthy Heart Initiative - \$5 million to RACGP	Under the only new prevention program – the healthy heart initiative in the budget - \$5m is listed for GPs to 'to support Australians to achieve a healthy lifestyle through increased physical activity and better nutrition.' a) What is this money for? b) What will the RACGP be required to do for this money? c) How will it be evaluated? d) How will the RACGP distribute materials to GPs? e) Who was consulted on this measure? f) Was it competitive tender?	Written
SQ17-001010	2 - Health Access and Support Services	Di Natale, Richard	AG	Cancer Screening Register	How much of the \$43.8m in the budget for 'transition' requirements for the cancer screening register is as a result of the failings of the contract with TelstraHealth for the National Cancer Screening Register?	Written
SQ17-001011	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and Alcohol	Question on Notice number SQ17-000369 states that the Alcohol Strategy (which expired 6 years ago) will not be updated until the National Drug Strategy is complete. What reason is there to wait?	Written

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SQ17-001012	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and Alcohol	a) The National Drug Strategy is over 2 years out of date. What is the reason for the delay? b) Consultation for the strategy concluded on 27 October 2015 is it right that nothing has occurred since then?	Written
SQ17-001013	2 - Health Access and Support Services	Leyonhjelm, David	LDP	E-cigarettes	Was the Therapeutic Goods Administration accurate when it stated on 23 March 2017 with respect to e-cigarettes that "Current government policy supports the cessation of smoking rather than harm reduction"?	Written
SQ17-001014	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and Alcohol	When did ANACAD last meet? What was on the agenda?	Written
SQ17-001015	2 - Health Access and Support Services	Leyonhjelm, David	LDP	E-cigarettes	Was the Assistant Minister for Health accurate when, in a letter to me of 24 March 2017, he wrote that, with respect to e-cigarettes, the National Health and Medical Research Council "recommended that health authorities act to minimise harm"?	Written
SQ17-001016	5 - Regulation, Safety and Protection	Rhiannon, Lee	AG	Animal testing	Will the legislation that will cover cosmetics and animal testing prohibit the repurposing of ingredients newly tested on animals for other purposes for use in cosmetics?	Written
SQ17-001017	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and Alcohol	Is there a consumer group representative on the ANACAD yet? When will one be appointed?	Written
SQ17-001018	2 - Health Access and Support Services	Di Natale, Richard	AG	Drug and Alcohol	a) Could the Government please identify what alcohol policy work ANACAD has undertaken since its establishment? b) If work has been undertaken, is it intended that this will be made publicly available?	Written
SQ17-001019	5 - Regulation, Safety and Protection	Rhiannon, Lee	AG	Misleading labels on cosmetic products	a) Can companies that use misleading advertisements and misleading labels on their cosmetic products be prosecuted? b) If the answer to question 2 is Yes how will this be achieved if the Code of Practice is voluntary and there are not penalties set out in the legislation?	Written
SQ17-001020	2 - Health Access and Support Services	Di Natale, Richard	AG	Ice Funding	How much of the Ice Strategy Funding has actually been allocated to helping people with severe and complex ice dependency issues, particularly the residential treatment sector, given this is the sector that is in the frontline of treating people with severe dependencies?	Written
SQ17-001021	2 - Health Access and Support Services	Di Natale, Richard	AG	Primary Care - Health Care Home Trial	The development of a national minimum data set for primary care was flagged last year by the Primary Health Care Advisory Group as critical infrastructure for Health Care Homes, what action has occurred? Any?	Written
SQ17-001023	2 - Health Access and Support Services	Di Natale, Richard	AG	Primary Care - Health Care Home Trial	When will the trail of Health Care Homes finish given the delayed commencement of 20 GPs/ACCHOs from 1 October 2017 and 180 from 1 December 2017? Will the evaluation of the Health Care Homes trial be delayed because of this?	Written
SQ17-001024	2 - Health Access and Support Services	Di Natale, Richard	AG	Health Care Homes	What action is the government doing to ensure the Health Care Home rollout can be properly evaluated against robust base-line data?	Written
SQ17-001025	2 - Health Access and Support Services	Di Natale, Richard	AG	Health Care Homes	Please explain the estimated savings and costs for the 2017-18 Budget measure Guaranteeing Medicare — development of the Health Care Homes trial. Why is there a savings of \$22.1 million in 2017-18 and a cost of \$25.6 million in 2019-20?	Written
SQ17-001026	2 - Health Access and Support Services	Di Natale, Richard	AG	Health Care Homes	When will the trail of Health Care Homes finish given the delayed commencement of 20 GPs/ACCHOs from 1 October 2017 and 180 from 1 December 2017? Will the evaluation of the Health Care Homes trial be delayed because of this?	Written
SQ17-001027	2 - Health Access and Support Services	Di Natale, Richard	AG	Hospital Funding	What is the status of negotiations for funding beyond 2020?	Written
SQ17-001028	4 - Individual Health Benefits	Di Natale, Richard	AG	MBS Review	Answer to my QuN number SQ17-000015 says that: The 2015-16 Budget provided \$34.3 million over two years for the Medicare Benefits Schedule (MBS) Review and the Medical Services Advisory Committee (MSAC) activity, comprising \$28.6 million in Administered funding and \$5.7 million in Departmental funding. As at 1 March 2017, total Administered expenditure for the MBS Review and MSAC was \$15.2 million. The MBS Review expenditure was \$8.2 million and the expenditure for the MSAC activity was \$7.0 million. a) What is the reason for that underspend? b) What's the status of the review? c) Has it found any savings?	Written

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SQ17-001029	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	What is the government's plan to change after hours MBS items?	
SQ17-001030	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	In the 'compact' with the RACGP it states: "Support for tightening of access to high value after hours MBS items in line with the MBS Review recommendation "The RACGP will work with industry stakeholders and support the Government's actions to amend current MBS after-hours items..." a) Please outline the government's plan to 'amend current MBS after-hours items'. b) When will these changes be rolled out? c) What is the impact on patients access the scheme?	
SQ17-001031	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	Please break down the workforce for after hours GP services by the level of training.	
SQ17-001032	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	If the government limits the types of doctors who can deliver these services what percentage reduction in access to this service will we see?	
SQ17-001033	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	Has the department seen or done any modelling to see whether use of after hours GP services takes pressure of hospitals?	
SQ17-001034	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	Please outline in detail what the measure in the budget (p119 Budget Paper 2) PHN – supporting after-hours care is designed to do?	
SQ17-001035	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	a) What are the current requirements for after hours clinic services and after hours home visit services (medical deputising services) to provide reporting of clinical notes to the patient's regular GP? b) What impediments exist to make this reporting more difficult – isn't it true that some GP practises still require files to be faxed? c) Is there a reportable quality of care issue relating to who is delivering these services? What data exists to suggest people receive lower quality of care?	
SQ17-001036	2 - Health Access and Support Services	Di Natale, Richard	AG	After Hours GP Services	a) Who are the patients who use after hours services? Please break down by age, gender, location b) Please provide the demographic break-down of patients including those from aged care homes, patients over the age of sixty, or carers of young children or the elderly?	
SQ17-001037	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	Despite the high and growing frustration of Australians, there is nothing in this budget to reform the private health insurance – correct?	
SQ17-001038	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	What is the status of the review into PHI? When will it report?	
SQ17-001039	4 - Individual Health Benefits	Di Natale, Richard	AG	Private Health Insurance	How will the bronze category be determined? Will the government rule out exclusions for obstetrics and mental health?	
SQ17-001040	2 - Health Access and Support Services	Di Natale, Richard	AG	Dental	When the Government reversed the \$300 cut to the CDBS, did it do so at the expense of the National Partnership Agreement on adult public dental care, which continues to see a year over year reduction in funding?	
SQ17-001041	2 - Health Access and Support Services	Di Natale, Richard	AG	Dental	Given the deep cut of over \$300 million over three years to public dental funding to the states, what are the current waiting lists state by state for public dental? Have these risen?	
SQ17-001042	2 - Health Access and Support Services	Di Natale, Richard	AG	Dental	Please breakdown last three years waiting lists.	
SQ17-001043	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	There are only 25 authorised prescribers for medicinal cannabis. How many prescriptions have each of them made (please break down), and for how many patients	
SQ17-001044	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	Of the 89 approved Special Access Scheme prescriptions for medicinal cannabis, please break down which state they were made in. How many patients in total have received prescriptions.	
SQ17-001045	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	If there are 119 SAS applications in total, and 89 approved, and none declined (as we heard in evidence) what has happened to the remaining 30. What is the reason for the delay? What is the average delay? Who is responsible for the delay?	
SQ17-001046	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	a) How many calls have been received on the 1800 number for doctors? b) From how many doctors? c) Which specialties?	

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SQ17-001047	5 - Regulation, Safety and Protection	Di Natale, Richard	AG	Medicinal Cannabis	There are no GP authorised prescribers for medicinal cannabis. What is the reason for this?	
SQ17-001048	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Emergency Response - Climate and Health	It is now well known that climate change poses significant risks to health that require government commitment, action and expenditure to address. Please outline the specific programs of the department of health in response to this?	
SQ17-001049	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Emergency Response - Climate and Health	In ratifying the Paris Agreement in November of 2016, the Australian Government formally agreed to consider the 'right to health' of citizens in the context of the nation's climate change response, and to recognise the co-benefits for health in developing mitigation strategies. What action is the Department of Health undertaking to address these obligations?	
SQ17-001050	1 - Health System Policy, Design and Innovation	Di Natale, Richard	AG	Emergency Response - Climate and Health	A large coalition of leading health experts will soon launch a Framework for a National Strategy on Climate, Health and Wellbeing for Australia in Canberra. Has the department seen early versions of this strategy? What advice have you provided to the Minister on this strategy?	
SQ17-001051	2 - Health Access and Support Services	Di Natale, Richard	AG	Remote Communities	While we know that death rates for people living in remote Australia are high, we have little understanding of the underlying prevalence of disease for this population. What is being done to improve the quality of information about remote communities and what is the timeline to address this issue? Have negotiations been undertaken with the ABS and AIHW to improve remote data collection?	
SQ17-001052	0 - Whole of Portfolio	Xenophon, Nick	NXT	Limited Tender Contracts	a) What percentage of contracts entered into by the Department in FY 2015/16 were limited tenders? b) What was the total value of these limited tenders? c) Across the department, please provide a list of all contracts in FY 2015/16 that involved a limited tender contract to an entity for services below \$80,000 followed by a subsequent limited tender contract (either in FY 15/16 or 16/17) to the same entity for services below \$80,000 or above \$80,000 (please list the two contracts by AUSTENDER number). Please provide the justification (and any documents relating thereto) for the limited tender of any subsequent contract that was above the \$80,000 threshold. d) Across the department, please provide a list of all contracts in FY 2016/17 that involved a limited tender contract to an entity for services below \$80,000 followed by a subsequent limited tender contract to the same entity for services below \$80,000 or above \$80,000 (please list the two contracts by AUSTENDER number). Please provide the justification (and any documents relating thereto) for the limited tender of any subsequent contract that was above the \$80,000 threshold.	
SQ17-001053	2 - Health Access and Support Services	Xenophon, Nick	NXT	Health on Ice	Referencing QON SQ17-000494 from February 2017 Estimates: a) The Department was asked three questions (Part V) that asked for the service delivery compared to non service delivery (planning needs analysis, tender costs, consultants, administration etc) costs. This was not answered. Please provide the answers. b) What guidelines were given to PHN's regarding the amount to be spent on activities like needs analysis, tender set up costs and other non-service delivery activities? c) What mechanisms have the Department of Health put in place to check if PHNs are compliant with these guidelines or to monitor the level of non-service delivery expenditure? (ie how much of the money is being 'chewed up' in bureaucracy?) d) The answers provide a breakdown of allocation by PHN and by State. How were these breakdowns determined (population of needs)? i. If by needs, how were 'needs' determined?	
SQ17-001054	2 - Health Access and Support Services	Xenophon, Nick	NXT	Health on Ice	Referencing QON SQ17-000495 from February Estimates: a) How were tenders announced? b) What steps were made to ensure PHN's tender processes were not too localised and 'best practice' providers were made aware of the tender processes and encouraged to submit tenders?	

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SQ17-001055	2 - Health Access and Support Services	Xenophon, Nick	NXT	Health on Ice	Referencing QON SQ17-000497 from February 2017 Estimates: Only 2 PHNs were named as having commissioned residential rehabilitation services: a) "Given the comparative higher cost of delivering residential services" was this the main factor in that lack of provision of these services and the focus instead on so-called community based services? b) What evidence has the Department relied on regarding the comparative effectiveness of the lower cost treatment options? c) Is this evidence based on ICE specific data? d) How has the difference in "withdrawal/detox" for ICE compared to that of alcohol and other drug types been taken into consideration? e) Did the PHNs needs analysis capture waiting list data for residential rehabilitation services? If not why not? Wouldn't this data be important in assessing unmet need? f) Given the comparative higher cost of delivering residential services has the lack of additional government funding for beds left families vulnerable to 'for profit' commercial providers?	
SQ17-001056	4 - Individual Health Benefits	Xenophon, Nick	NXT	Health on Ice	Referencing QON SQ17-000499 from February 2017 Estimates: a) What is/was the cost of implementing the new item numbers? b) Does this amount come out of the \$13m estimated MBS costs? c) Are only Addiction Medicine Specialist allowed to use these new items? d) If so, how does the Department ensure this is the case and why can't the Department say how many specialists are using these items? e) How many addiction medicine specialists are registered?	
SQ17-001057	2 - Health Access and Support Services	Griff, Stirling	NXT	Child Dental Benefits Schedule	a) The Third Review of the Dental Benefits Act 2008 found the Child Dental Benefits Schedule program was poorly promoted leading to poorer than expected take-up. What measures is the Department taking to improve outcomes, specifically to increase numbers of children accessing the scheme beyond 1m out of the 2.4m eligible? b) Have there been any improvements to the letter sent to families? If not, why not, given the Review found making the letter more attractive could be one means of increasing awareness of the scheme?	
SQ17-001058	2 - Health Access and Support Services	Siewert, Rachel	AG	NDIS	Senator SIEWERT: Here in the ACT, I understand there are issues around some of the services finishing. Will those specific issues be dealt with here in Canberra with this money most immediately? Ms Cole: Most of the clients in the ACT have actually transitioned to the NDIS. From my understanding, there are about 40 individuals who are left and some of those have chosen not to even apply. They would be clients who could fit under this category. Senator SIEWERT: That is what I am asking about. Ms Cole: The other thing to take into account is that I understand the ACT government, as the 'major responsibility' government for this area, is actually providing services or funding for services for those 40-odd individuals at the moment. But I can confirm all of that and come back to you.	11 - 30/05/2017
SQ17-001059	2 - Health Access and Support Services	Siewert, Rachel	AG	ANACAD	Senator SIEWERT: Are you aware if the council has ever discussed drug testing, in the context in which it is being applied? I am not asking for the advice. I am asking— Dr Studdert: To give you an exact answer, given that the life of ANACAD precedes all of us, we could review the agenda and certainly give you a yes or no answer on that question. Senator SIEWERT: It would be appreciated.	59 - 30/5/2017

PDR No	Outcome	Question Submitted By	Party	Subject	Full Question Text	Hansard/Ref
SQ17-001060	2 - Health Access and Support Services	Reynolds, Linda		Sexual dysfunction medication	<p>Dr Skerritt: No. We have medicines for some very rare and unusual conditions for which no-one has ever written a condition.</p> <p>Senator REYNOLDS: I think this is part of the problem, that blokes assessing these for women— Dr Skerritt: But we can still assess it.</p> <p>Senator SINGH: It sounds very unfair—</p> <p>CHAIR: Order!</p> <p>Dr Skerritt: We do not have any guideline. We would very much welcome an application from this company, and it is welcome to pick up the phone and talk to us.</p> <p>Senator REYNOLDS: I understand that the company has not—maybe you could take this on notice. Dr Skerritt: We will.</p> <p>Senator REYNOLDS: I understand that the company has gone through a number of rounds of processes with the TGA, and something happens and then it has to go right back to the beginning again. If you could take that on notice—</p> <p>Dr Skerritt: We will take it on notice.</p>	119 - 29/5/2017
SQ17-001061	2 - Health Access and Support Services	Griff, Stirling	NXT	E-cigarettes	<p>Senator GRIFF: If you did receive an application for a therapeutic good would it be treated in the same way as gum and other products?</p> <p>Dr Skerritt: The essential evidence of showing efficacy, that there is a significant and sustained reduction in smoking cessation and evidence of harm—</p> <p>I should add that while these products have often been touted as harmless, it is quite important to note that just recently the ACCC successfully prosecuted a number of companies for making a claim of that sort. They found a number of harmful substances in non-nicotine-containing e-cigarettes. We would, as we would for any device or medicine, look at the balance of benefits and harms, and some of those harms would relate to the nicotine but some of the harms might relate to other things in the e-cigarettes depending on what the composition was.</p> <p>Senator GRIFF: Would you require long-term safety data?</p> <p>Dr Skerritt: Generally for products we require long-term safety data. How long long-term use is discussed with the applicant and it depends on the nature of the type of product.</p> <p>Senator GRIFF: Do you require that with the gum and other equivalent products?</p> <p>Dr Skerritt: When those products were assessed by TGA, going back some stage, there was safety data over a period. I would have to take on notice how long term long-term was for those products. But, superficially, a smoking cessation product would be assessed. Obviously you want the effect to be both sustained, but you also do not want harm to appear in the longer term. It was some years ago that some of those gums and patches were assessed by TGA, but certainly we could take on notice the sort of toxicology and long-term safety studies that were required.</p> <p>Senator GRIFF: That would be good on those. Thank you.</p>	123 - 29/5/2017
SQ17-001062	4 - Individual Health Benefits	O'Neill, Deborah	ALP	Better Access	<p>Mr Bowles: Well, everything was under a freeze until they have been lifted progressively. I have said I literally cannot recall everything that is in these things, but if you go to our website it will have what happens from 1 July 2017, what happens from 1 July 2018—and I think it actually lists the numbers beside them, from memory. Regarding Better Access, I just do not know all the numbers. I do not have the relevant people here and I have not had a chance to get away from the table for a little while.</p> <p>Senator O'NEILL: I thought your staff might provide that for you, Mr Bowles.</p> <p>Mr Bowles: We are getting it, but—</p>	130-131 - 30/5/2017