

The Senate

Community Affairs
Legislation Committee

Budget Estimates 2017–18

June 2017

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Membership of the Committee

45th Parliament

Members

Senator Jonathon Duniam, Chair	Tasmania, LP
Senator Rachel Siewert, Deputy Chair	Western Australia, AG
Senator Sam Dastyari (to 15 February 2017)	New South Wales, ALP
Senator Linda Reynolds CSC	Western Australia, LP
Senator the Hon. Lisa Singh (from 15 February 2017)	Tasmania, ALP
Senator Dean Smith	Western Australia, LP
Senator Murray Watt	Queensland, ALP

Senators in attendance

Senator the Hon. Eric Abetz, Senator Carol Brown, Senator the Hon. Doug Cameron, Senator Sam Dastyari, Senator Patrick Dodson, Senator Jonathon Duniam, Senator the Hon. Don Farrell, Senator Lucy Gichuhi, Senator Stirling Griff, Senator Pauline Hanson, Senator Derryn Hinch, Senator Skye Kakoschke-Moore, Senator Sue Lines, Senator Scott Ludlam, Senator the Hon. Ian Macdonald, Senator Malarndirri McCarthy, Senator Deborah O'Neill, Senator Helen Polley, Senator Pratt, Senator Reynolds, Senator Lee Rhiannon, Senator Malcolm Roberts, Senator Rachel Siewert, Senator the Hon. Lisa Singh, Senator Dean Smith, Senator Glenn Sterle, Senator Anne Urquhart, Senator Larissa Waters, Senator Murray Watt, and Senator Nick Xenophon.

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Abbreviations

ACAT	Aged Care Assessment Team
ASC	Australian Sports Commission
committee	Senate Community Affairs Legislation Committee
CDC	Cashless Debit Card
CDP	Community Development Programme
CHB	Commonwealth Hospital Benefit
CHSP	Commonwealth Home Support Program
DOH	Department of Health
DHS	Department of Human Services
DSS	Department of Social Services
FTB	Family Tax Benefit
GAP	Global Access Partners
GP	General Practitioner
Hon.	Honourable
MBS	Medicare Benefits Schedule
MHS	Medibank Health Solutions
MRFF	Medical Research Future Fund
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHHA	National Housing and Homelessness Agreement
NHMRC	National Health and Medical Research Council
NSP	National Sports Plan

PB Statement	Portfolio Budget Statement
PBS	Pharmaceutical Benefits Scheme
PHaMs	Personal Helpers and Mentors
PHI	Private Health Insurance
PHN	Private Health Networks
RDVSA	Rape and Domestic Violence Services Australia
scheme	Commonwealth Redress Scheme for survivors of institutional childhood sexual abuse
taskforce	GAP Taskforce on Hospital Funding
TGA	Therapeutic Goods Administration

Chapter 1

Introduction

1.1 On 8 November 2016, the Senate agreed that the Community Affairs Legislation Committee (committee) would meet from 29 May 2017 to 1 June 2017 to consider the proposed expenditure of the departments and agencies which are allocated to the committee.¹

1.2 The Senate set 20 June 2017 as the date for the committee to report on its examination of the 2017–18 Budget Estimates.²

Portfolio coverage

1.3 In accordance with a resolution of the Senate on 31 August 2016, the committee has responsibility for examining the expenditure and outcomes of the following portfolios:

- Health; and
- Social Services (including Human Services).³

Reference of documents

1.4 The 2017–18 Budget was presented to the House of Representatives by the Treasurer, the Hon. Scott Morrison, through the introduction of Appropriation Bill (No. 1) 2017-2018 on 9 May 2017.⁴

1.5 On that same day, the Minister for Finance, the Hon. Mathias Cormann, tabled the following documents in the Senate, which were referred to the committee for examination and report:

- Particulars of proposed expenditure in respect of the year ending 30 June 2018 [Appropriation Bill (No.1) 2017-18];
- Particulars of certain proposed expenditure in respect of the year ending 30 June 2018 [Appropriation Bill (No 2.) 2017-18]; and
- Particulars of proposed expenditure in relation to the parliamentary departments in respect of the year ending on 30 June 2018.⁵

Health Portfolio

1.6 Estimates of proposed expenditure for 2017–18 in the Health Portfolio are presented in the 2017–18 Health Portfolio Budget Statements (PB Statements).

1 *Journals of the Senate*, No. 13—8 November 2016, pp. 411–412.

2 *Journals of the Senate*, No. 13—8 November 2016, p. 412.

3 *Journals of the Senate*, No. 2—31 August 2016, p. 75.

4 *Votes and Proceedings*, No. 47—9 May 2017, p. 722.

5 *Journals of the Senate*, No. 39—9 May 2017, p. 1311.

1.7 At the centre of the 2017–18 Health PB Statements is the Long-Term National Health Plan (Plan) and the committee examined several of the Plan's notable features during the hearings, including:

- the establishment of a Medicare Guarantee Fund (funded through Treasury), to be underpinned by Medicare levy revenue and dispensed to support service delivery provided under the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS);⁶
- removal of the Medicare rebate indexation freeze at a cost of \$1 billion over the next four years;⁷
- an allocation of \$44.2 million over the next three years to continue to fund the clinician-lead MBS review;⁸
- progression of the Health Care Homes trial, including broadening the funding base and a delayed commencement date to enable increased consultation;⁹
- allocation of \$80.0 million in funding for the delivery of psychosocial support services for people with severe mental health illness and who are ineligible for assistance under the National Disability Insurance Scheme (NDIS);¹⁰
- continuation of the Commonwealth Home Support Program, with \$5.5 billion in funding allocated to support older people live independently in their homes and communities.¹¹

1.8 The committee notes the following update to Ministerial responsibilities for the Health portfolio:

On 24 January 2017, the Hon Greg Hunt MP was sworn in as the Minister for Health and Minister for Sport; the Hon Ken Wyatt AM, MP as the Minister for Aged Care and Minister for Indigenous Health; and the Hon Dr David Gillespie MP as Assistant Minister for Health.¹²

6 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 92.

7 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 92.

8 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 103.

9 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 87.

10 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 74.

11 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 131.

12 Commonwealth of Australia, *Health Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 3.

Social Services Portfolio (including Human Services)

1.9 Estimates of proposed expenditure for Social Services Portfolio (including Human Services) are presented in the 2017–18 Social Services PB Statements.

1.10 The focus of the 2017–18 Social Services PB Statements is the continuation of the Government's support for wellbeing of families, people living with disability and other vulnerable members of society. Key components of this proposed expenditure include:

- introduction a new single JobSeeker Payment to consolidate five existing working age payments;¹³
- a new job seeker compliance framework, including a measure for a trial of mandatory drug testing for job seekers receiving income support payments;¹⁴
- extension and expansion of the Cashless Debit Card trial to two new locations;¹⁵
- reform of the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness through an amalgamated National Housing and Homelessness Agreement, including funding of '\$375.3 million over three years from 2018–19 to fund ongoing homelessness support services';¹⁶
- an initial \$33.4 million in funding to establish the Commonwealth Redress Scheme for Survivors of Institutional Child Sexual Abuse to support victims;¹⁷ and
- continued investment in NDIS transition arrangements—including funding of \$868.2 million over three years from 2017–18 to deliver the NDIS in Western Australia under a nationally consistent and locally administered model.¹⁸

Estimates hearings

1.11 From 29 May 2017 to 1 June 2017 the committee met in public session to consider the proposed expenditure of portfolios as follows:

- Health Portfolio—29 May 2017 to 30 May 2017; and

13 Commonwealth of Australia, *Social Services Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 3.

14 Commonwealth of Australia, *Social Services Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 14.

15 Commonwealth of Australia, *Social Services Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 23.

16 Commonwealth of Australia, *Budget Measures: Budget Paper No. 2 2017–18*, p. 155.

17 Commonwealth of Australia, *Social Services Portfolio Budget Statements 2017–18: Budget Related Paper No. 1.5*, p. 15.

18 Commonwealth of Australia, *Budget Measures: Budget Paper No. 2 2017–18*, p. 153.

- Social Services Portfolio (including Human Services)—31 May 2017 to 1 June 2017.

Ministers

1.12 During the hearings the committee heard evidence from the following Ministers:

- Senator the Hon. Fiona Nash, Minister for Local Government and Territories, Minister for Regional Communications and Minister for Regional Development (representing the Minister for Health);
- Senator the Hon. Scott Ryan, Special Minister of State and Minister Assisting the Prime Minister for Cabinet (representing the Minister for Social Services); and
- Senator the Hon. Zed Seselja, Assistant Minister for Social Services and Multicultural Affairs.

Officials

1.13 Evidence was taken from the following department secretaries, who were accompanied by senior officers of their respective portfolio departments and agencies:

- Mr Martin Bowles PSM, Secretary, Department of Health;
- Ms Kathryn Campbell CSC, Secretary, Department of Human Services; and
- Mr Finn Pratt AO PSM, Secretary, Department of Social Services.

1.14 The committee extends its appreciation to the Ministers and officers of the departments and agencies who assisted the committee.

Procedural issues

1.15 There were no procedural issues noted during the hearings.

Questions on notice

1.16 In accordance with Standing Order 26(9)(a), the committee agreed that the date for the return of answers, in response to questions placed on notice at the hearings, would be 21 July 2017.

1.17 Answers to questions on notice are published as they become available on the committee's website: http://www.aph.gov.au/senate_ca.

Notes on Hansard transcripts

1.18 *Hansard* transcripts for committee's hearings are accessible on the committee's website: http://www.aph.gov.au/senate_ca.

1.19 An index of the areas examined during the committee's proceedings, by *Hansard* page number, is available at Appendix 2.

1.20 In this report references to the committee *Hansard* are to the proof transcripts, as produced at the time of reporting. Page numbers may vary between the transcripts of the Proof Hansard and the Official Hansard.

Chapter 2

Health Portfolio

Department of Health—29 May 2017

2.1 This chapter outlines the key issues examined during the committee's 2017–2018 Budget Estimates hearing for the Health portfolio.

2.2 On 29 May 2017, the committee heard evidence from the Department of Health and agencies of the Health Portfolio in the following order:

- Cross Portfolio Outcomes/Corporate Matters;
- Outcome 4: Individual Health Benefits;
- Outcome 5: Regulation, Safety and Protection;
- Outcome 1: Health System Policy, Design and Innovation;
- Australian Digital Health Agency; and
- National Health and Medical Research Council.

Cross Portfolio Outcomes/Corporate Matters

2.3 Proceedings commenced with questions on the Global Access Partners (GAP) Taskforce on Hospital Funding.

GAP Taskforce on Hospital Funding

2.4 The committee's initial questioning examined the nature of the work conducted by the GAP Taskforce on Hospital Funding (taskforce), particularly the extent to which the taskforce considered policy for the Commonwealth Hospital Benefit (CHB).¹ Mr Mark Cormack, Deputy Secretary, DOH, offered the following outline on the progression of CHB policy:

In terms of the state of development of this model—and it was the same model that was released publicly as part of the federation white paper consultation process, the discussion document on the PM&C website—that was the working hypothesis, that there were three primary sources of funding, that those three programs would be pooled and that the total funds would be redirected towards a Commonwealth hospital benefit. The working hypothesis, certainly at that stage—it has not really changed—was that, as there is no withdrawal of funding from the system, there should be no net impact on individuals. That was the working hypothesis. Having said that, it was a very preliminary model, a very preliminary program design, and it needed to be further developed, tested and worked through, and that was in many ways what the GAP process was about.²

1 *Proof Committee Hansard*, 29 May 2017, p. 6.

2 Mr Mark Cormack, Deputy Secretary, Department of Health, *Proof Committee Hansard*, 29 May 2017, p. 19.

2.5 Concurrently, the decision of the Minister for Health to rule out the CHB as Government policy was repeatedly questioned. Senator Nash provided clarification: 'The government is not in a conversation about the Commonwealth Hospital Benefits model; the Minister has ruled it out'.³ In establishing DOH's consideration of the CHB, Senators tabled several relevant documents pertaining to meetings of the taskforce, including: meeting agendas; meeting minutes; a CHB PowerPoint presentation; and particulars of DOH's contract with GAP.

2.6 Senators questioned whether the taskforce's host, GAP, could be considered independent of government when the organisation was receiving remuneration from the Government for their services in support of the taskforce.⁴ Mr Martin Bowles PSM, Secretary, DOH, assured the committee that:

GAP is an independent task force.⁵

Outcome 4: Individual Health Benefits

2.7 Consideration of Outcome 4: Individual Health Benefits saw continued questioning regarding the GAP Taskforce on Hospital Funding. Of primary interest was DOH's administration of the GAP taskforce contract.⁶

Government compacts with the health sector

2.8 The committee moved onto an extended examination of the five compacts which the Government has entered into with the Australian Medical Association, Royal Australian College of General Practitioners, Medicines Australia, the Pharmacy Guild and Generic and Biosimilar Medicines Association, as announced in the 2017–18 Budget.⁷ Of particular consideration was the nature of the Government's agreement with the Australian Medical Association;⁸ the Minister for Health's involvement in negotiating the compacts;⁹ particulars of the relationship of Pharmacy Guild's compact to the Sixth Community Pharmacy Agreement;¹⁰ and the reinvestment of savings made through the Medicines Australia compact.¹¹

3 Senator the Hon. Fiona Nash, *Proof Committee Hansard*, 29 May 2017, p. 12.

4 *Proof Committee Hansard*, 29 May 2017, p. 13.

5 Mr Martin Bowles PSM, Secretary, Department of Health, *Proof Committee Hansard*, 29 May 2017, p. 11.

6 *Proof Committee Hansard*, 29 May 2017, p. 38.

7 *Proof Committee Hansard*, 29 May 2017, p. 54.

8 *Proof Committee Hansard*, 29 May 2017, p. 54.

9 *Proof Committee Hansard*, 29 May 2017, p. 57.

10 *Proof Committee Hansard*, 29 May 2017, p. 60.

11 *Proof Committee Hansard*, 29 May 2017, p. 84.

Medicare rebate indexation

2.9 The gradual unfreezing of the Medicare rebate index was broadly canvassed by the committee and touched on: indexation rates for general practitioners (GPs);¹² the chronology of the Government's Medicare rebate freeze;¹³ and the forward time line for restoring Medicare rebate indexation of specialist medical services.¹⁴

Private Health Insurance

2.10 The committee sought detailed information regarding the state of private health insurance (PHI). Central to the committee's consideration of PHI were increases to premiums and the profitability of insurance providers.¹⁵ Senators queried the company structures of PHI providers and noted the effect that company structure had on the public reporting requirements of PHI providers. The committee sought further clarification on the transparency of insurer information available to the Minister for Health when making PHI related decisions on behalf of the Government.¹⁶

Other matters

2.11 Other matters that were examined under Outcome 4 include:

- Medicare Guarantee Fund;¹⁷
- rates of bulk billing;¹⁸
- Medicare Benefits Schedule review;¹⁹ and
- dental benefits.²⁰

Outcome 5: Regulation, Safety and Protection

Medicinal cannabis

2.12 Discussion in Outcome 5: Regulation, Safety and Protection centred on the availability of medicinal cannabis and the associated regulatory approvals process. Adjunct Professor John Skerritt, Deputy Secretary, DOH, provided the committee with an update on applications for medical cannabis received by the Therapeutic Goods Administration (TGA), following regulatory changes to the Special Access Scheme in late 2016:

12 *Proof Committee Hansard*, 29 May 2017, p. 68.

13 *Proof Committee Hansard*, 29 May 2017, p. 71.

14 *Proof Committee Hansard*, 29 May 2017, p. 74.

15 *Proof Committee Hansard*, 29 May 2017, pp. 88–89.

16 *Proof Committee Hansard*, 29 May 2017, pp. 90–91.

17 *Proof Committee Hansard*, 29 May 2017, p. 66.

18 *Proof Committee Hansard*, 29 May 2017, p. 68.

19 *Proof Committee Hansard*, 29 May 2017, p. 77.

20 *Proof Committee Hansard*, 29 May 2017, pp. 98–102.

I actually have seen 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... We have had 19 applications withdrawn—by the doctor, not by us. That brings it to a total of 119.²¹

2.13 The committee noted an apparent difficulty for clinicians in understanding the pathways available for accessing medicinal cannabis. Adjunct Professor Skerritt informed the committee of progress made by the TGA to increase clinicians' awareness of access pathways. This included increased advertising of relevant TGA contact points and increased consultation with clinicians, including meetings held with senior state and territory clinical representatives.²² Further discussion on medicinal cannabis focussed on: the particulars of access pathway provisions; the number of authorised prescribers in Australia; the clinical profile of authorised prescribers; and the treatments for which medicinal cannabis is prescribed.²³

Other matters

2.14 Other matters that were examined under Outcome 5 include:

- Therapeutic Goods Amendment (2016 Measures No. 1) Bill 2016;²⁴
- E-cigarette policy in Australia, and comparative policy development in comparable countries;²⁵
- introduction of a ban on cosmetic testing on animals;²⁶ and
- availability of the Meningococcal vaccine, Bexsero.²⁷

Outcome 1: Health System Policy, Design and Innovation

Medical Research Future Fund

2.15 Disbursements made under the Medical Research Future Fund (MRFF) were the principal area of the committee's focus in Outcome 1: Health System Policy, Design and Innovation. The committee queried the administrative process for decision making on who should receive grants under the MRFF, Ms Erica Kneipp, Assistant Secretary, DOH, summarised:

The announcement on budget night of \$65.9 million includes eight strategic programs. As Deputy Secretary Cormack said, there are a range of different

21 Adjunct Professor John Skerritt, Deputy Secretary, Department of Health, *Proof Committee Hansard*, 29 May 2017, p. 102.

22 *Proof Committee Hansard*, 29 May 2017, p. 103.

23 *Proof Committee Hansard*, 29 May 2017, p. 108.

24 *Proof Committee Hansard*, 29 May 2017, p. 112.

25 *Proof Committee Hansard*, 29 May 2017, p. 112.

26 *Proof Committee Hansard*, 29 May 2017, p. 121.

27 *Proof Committee Hansard*, 29 May 2017, p. 124.

approaches to granting that money under those programs. The MRFF Act allows some flexibility as to how the disbursements can be administered. It can use the expertise and skills of the National Health and Medical Research Council, which it is going to do for the clinical trials registry grant program, as well as the clinical research fellowships, as well as the targeted call for antimicrobial research. It can also directly fund other Commonwealth entities, states or territories, or institutions that operate competitive approaches and respond to competitive approaches to market.²⁸

National Health and Medical Research Council grant funding

2.16 The National Health and Medical Research Council (NHMRC) responded to questions from the committee regarding its grants profile. The committee heard that over 80 per cent of grant applications to the NHMRC were declined, due to the competitive nature of the applications process.²⁹ The committee discussed NHMRC's approach to dividing the grant funding budget. NHMRC noted that grants are structured in such a way that—following the assessment of a peer review panel—the research project is funded at an amount which enables the research outcomes to fully delivered.³⁰

Other matters

2.17 Other matters that were examined under Outcome 1: Health System Policy, Design and Innovation include:

- functionality of the My Health Record program;³¹ and
- Myalgic encephalomyelitis/Chronic Fatigue Syndrome research.³²

Department of Health—30 May 2017

2.18 On Tuesday 30 May 2017, the committee heard evidence from the Department of Health and agencies of the Health Portfolio in the following order:

- Outcome 2: Health Access and Support Services;
- National Mental Health Commission;
- Independent Hospital Pricing Authority;
- Outcome 6: Ageing and Aged Care;
- Australian Aged Care Quality Agency;
- Australian Aged Care Complaints Commissioner;
- Outcome 3: Sports and Recreation;

28 Ms Erica Kneipp, Assistant Secretary, Department of Health, *Proof Committee Hansard*, 29 May 2017, p. 128.

29 *Proof Committee Hansard*, 29 May 2017, p. 136.

30 *Proof Committee Hansard*, 29 May 2017, p. 137.

31 *Proof Committee Hansard*, 29 May 2017, p. 128.

32 *Proof Committee Hansard*, 29 May 2017, p. 139.

- Australian Sports Anti-Doping Authority; and
- Australian Sports Commission.

Outcome 2: Health Access and Support Services

2.19 The committee resumed proceedings with the examination of funding measures for psychosocial support services.

Psychosocial support services

2.20 DOH responded to numerous questions from Senators regarding the allocation of \$80 million in the 2017–18 Budget to provide psychosocial support services for people ineligible for assistance under the NDIS. Questions went particularly to the funding of the Partners in Recovery and Day to Day living programs. In response, the committee received updated funding figures and information on the particulars of the division of the funding responsibility for psychosocial support services between the Commonwealth and the states and territories.³³

2.21 Senators discussed an apparent gap in psychosocial support delivery and DOH acknowledged a potential service gap in the area.³⁴ Consequently, Senators queried whether \$80 million was an adequate funding level to address the gap.³⁵ Mr Cormack offered the following context to the psychosocial services funding:

This is an important policy matter for the government. The minister has been very clear about it. Mental health and preventive care are one of his clearly stated four pillars in his long-term health plan. I can honestly say that there is not a precise formula that is available to be applied, based on the information that we have from our modelling, that would land a figure that we think is going to be exactly right, not enough or too much. What it does is to put a significant amount of additional money in the system, recognising that this is a fluid space and recognising, as both you and Senator O'Neill have mentioned, that historically this has been an area with some gaps in services—again, predominantly a state and territory responsibility, but the Commonwealth has also invested in this area. It is a significant amount of money that should be able to start to address problems as and if they emerge.³⁶

Drug rehabilitation and testing

2.22 DOH was questioned regarding wait times for access to drug and alcohol rehabilitation services and associated service delivery arrangements through the Private Health Networks (PHNs).³⁷ The committee progressed to question DOH's involvement with the Better Targeting of Assistance to Support Jobseekers 2017–18

33 *Proof Committee Hansard*, 30 May 2017, p. 4.

34 *Proof Committee Hansard*, 30 May 2017, p. 6.

35 *Proof Committee Hansard*, 30 May 2017, pp. 8–9.

36 Mr Mark Cormack, Deputy Secretary, Department of Health, *Proof Committee Hansard*, 30 May 2017, p. 9.

37 *Proof Committee Hansard*, 30 May 2017, p. 46–48.

Budget measure. DOH reported to the committee that they had provided advice to the Department of Social Services (DSS) on the measure, however this advice was preliminary and 'went to the nature and location of alcohol and drug services that are provided potentially through the PHNs or other things that the department provides in contract directly...'³⁸ Senators further queried whether DSS had requested DOH to provide data regarding clients who received support under DOH' drug programs; DOH advised they had not provided this data.³⁹

Other matters

2.23 Other matters that were examined under Outcome 2 include:

- location and funding arrangements for Headspace centres;⁴⁰
- NDIS transition arrangements for mental health services;⁴¹
- suicide prevention efforts in the Kimberley region;⁴²
- Fifth National Health Plan;⁴³
- reducing seclusion and restraint in mental health care;⁴⁴
- service and policy gaps regarding the rural health workforce;⁴⁵
- wait times for access to drug and alcohol rehabilitation service;⁴⁶
- tobacco regulation;⁴⁷ and
- nationally consistent indicators for PHNs.⁴⁸
- Outcome 6: Ageing and Aged Care

2.24 The committee's examination of Outcome 6: Ageing and Aged Care focused on Aged Care Assessment Team (ACAT) assessments. DOH provided the committee with an update on the timeliness of ACAT assessments.⁴⁹ The committee noted that, in some instances, ACAT assessments were conducted in a tardy fashion. The

38 Mr David Laffan, Assistant Secretary, Department of Health, *Proof Committee Hansard*, 30 May 2017, p. 54.

39 *Proof Committee Hansard*, 30 May 2017, p. 60.

40 *Proof Committee Hansard*, 30 May 2017, pp. 15-20.

41 *Proof Committee Hansard*, 30 May 2017, p. 23.

42 *Proof Committee Hansard*, 30 May 2017, p. 24.

43 *Proof Committee Hansard*, 30 May 2017, p. 29.

44 *Proof Committee Hansard*, 30 May 2017, p. 38.

45 *Proof Committee Hansard*, 30 May 2017, p. 43.

46 *Proof Committee Hansard*, 30 May 2017, p. 46.

47 *Proof Committee Hansard*, 30 May 2017, p. 48.

48 *Proof Committee Hansard*, 30 May 2017, p. 69.

49 *Proof Committee Hansard*, 30 May 2017, p. 78.

committee subsequently discussed the efforts of DOH to ensure that state and territory ACAT providers are compliant with Commonwealth agreements.

2.25 Following questions regarding Commonwealth regulatory accreditation processes and the Oakden aged-care facility in South Australia, DOH provided detailed evidence on accreditation methodologies, including unannounced inspections and interviews with residents and their families.⁵⁰ The committee heard that DOH has commissioned an external review of the accreditation of the Oakden aged-care facility, which is due by the end of June 2017, and expected to be made publically available in early July 2017.⁵¹

2.26 Other matters that were examined under Outcome 6 include:

- My Aged Care service provisions;⁵²
- rates of packages initiated under the Home Care Packages program;⁵³
- staffing levels in aged-care facilities;⁵⁴ and
- better access to mental health care for older people.⁵⁵

Outcome 3: Sports and Recreation

2.27 Senators' consideration of Outcome 3: Sports and Recreation focused on the funding arrangements for the National Sports Plan (NSP).

National Sports Plan funding

2.28 The committee initially examined funding arrangements for sport in the Health Portfolio and noted an apparent funding reduction of \$41 million over the next four years.⁵⁶ Subsequently, funding for the NSP was examined and the committee noted that a national lottery was being considered as a prospective revenue measure. The Australian Sports Commission (ASC) informed the committee that they had received preliminary advice from the Solicitor-General's Office regarding a national lottery and this advice suggested that there are 'constitutional considerations' in conducting the lottery.⁵⁷ ASC further outlined its investigation of the lottery model and commented that, based on preliminary assessments, the measure may raise between \$30 million to \$70 million in revenue.⁵⁸

50 *Proof Committee Hansard*, 30 May 2017, p. 113.

51 *Proof Committee Hansard*, 30 May 2017, p. 111.

52 *Proof Committee Hansard*, 30 May 2017, p. 91.

53 *Proof Committee Hansard*, 30 May 2017, p. 98.

54 *Proof Committee Hansard*, 30 May 2017, p. 115.

55 *Proof Committee Hansard*, 30 May 2017, p. 96.

56 *Proof Committee Hansard*, 30 May 2017, p. 117.

57 Dr Lisa Studdert, Acting Deputy Secretary, Department of Health, *Proof Committee Hansard*, 30 May 2017, p. 122.

58 *Proof Committee Hansard*, 30 May 2017, p. 124.

2.29 Other matters that were examined under Outcome 3: Sports and Recreation included:

- DOH's approach to the NSP consultation process;⁵⁹
- staffing arrangements at the ASC and Australian Institute of Sports;⁶⁰
- intra-department funding arrangements for service delivery in support of the 2018 Gold Coast Commonwealth Games;⁶¹ and
- the Australian Anti-Doping Authority's anti-doping efforts regarding the 2018 Commonwealth Games.⁶²

59 *Proof Committee Hansard*, 30 May 2017, p. 126.

60 *Proof Committee Hansard*, 30 May 2017, p. 128.

61 *Proof Committee Hansard*, 30 May 2017, p. 129.

62 *Proof Committee Hansard*, 30 May 2017, p. 131.

Chapter 3

Social Services Portfolio (including Human Services)

3.1 This chapter outlines the key issues examined during the committee's 2017–2018 Budget Estimates hearing for the Social Services Portfolio (including Human Services).

Department of Social Services—31 May 2017

3.2 On 31 May 2017, the committee heard evidence from the Department of Social Services (DSS) and agencies of the Social Services Portfolio in the following order:

- Cross Portfolio Outcomes/Corporate Matters;
- Outcome 3: Disability and Carers;
- National Disability Insurance Agency; and
- Outcome 1: Social Security.

Cross Portfolio Outcomes/Corporate Matters

3.3 Following a private meeting of the committee Senators agreed to proceed directly to questions at Outcome 3: Disability and Carers.

Outcome 3: Disability and Carers

Mental health services funding

3.4 The committee's examination of Outcome 3 commenced with consideration of the 2017–18 Health Portfolio Budget measure to provide \$80 million in additional funding to support people living with psychosocial disabilities. Consideration was premised on DSS' involvement with that measure and this led to a broad discussion on the funding arrangements for mental health services.¹ The committee was particularly interested in mental health care programs that support people who may not meet NDIS access requirements, such as the Personal Helpers and Mentors (PHaMs) program.² Ms Felicity Hand, Deputy Secretary, Department of Social Services, provided the following context to DSS' mental health services funding:

In terms of mental health programs in general, it is the responsibility of the state and territory governments—the primary responsibility—to deliver services. Today the Commonwealth funds Commonwealth mental health programs to the tune of \$0.4 billion, and the states provide \$1.8 billion, so they provide a lot more funding than the Commonwealth, and they are responsible for their clients who are not eligible for the NDIS. So it is the responsibility of state and territory governments, and our funding is transitioning into the NDIS for those who are eligible. As I have said, for

1 *Proof Estimates Hansard*, 31 May 2017, pp. 7–14.

2 *Proof Estimates Hansard*, 31 May 2017, p. 8.

the very small number that we look after today in PHaMs and other programs, we will have continuity of support.³

3.5 Senators examined the continuity of support arrangements for DSS' mental health care services.⁴

NDIS plan reviews

3.6 Senators noted recent reports on the complaints made to the National Disability Insurance Agency (NDIA) and the timeframes associated with complaints resolution.⁵ This led the committee to an extended consideration of the NDIA's review of participants' plan, where concerns were raised regarding potential reduction to plan caps. The committee received a range of evidence, including: information on the number of plan reviews undertaken by the NDIA, the rationale for undertaking those reviews, and the prospective support cuts as a result of the plan review process.⁶

Young people in residential aged care

3.7 The committee examined the matter of young people in residential aged care; a matter of ongoing concern for the committee. DSS provided an update on the work being done in phasing young people out of residential aged care and into the NDIS. The committee heard that progress was also being made with developing support services for young people in residential aged care who do not meet NDIS access requirements and the committee welcomed this development.⁷ The committee considered the matter of 'churn' emerging from the statistics of young people in aged care. Whereby the levels of young people in aged care are remaining relevantly constant as young people are still being entered in aged care facilities, despite reduction efforts aimed at removing those people.⁸

NDIA call centre

3.8 The operations and capacity of the NDIA's call centre were considered and the committee received an update on the centre performance following the NDIA's 'deep dive' review efforts, Mr Grant Tidswell PSM, Chief Operating Officer, NDIA, explained:

...our performance has improved dramatically. Just to give you an example, last week our average speed of answer was just over a minute for both general inquiries and providers. I think on Friday it was 19 seconds or thereabouts for providers. So it is being well managed. We have increased the staffing envelope to do that work. We have improved our warm handoff

3 Ms Felicity Hand, Deputy Secretary, Department of Social Services, *Proof Estimates Hansard*, 1 June 2017, p. 8.

4 *Proof Estimates Hansard*, 31 May 2017, p. 18.

5 *Proof Estimates Hansard*, 31 May 2017, p. 24.

6 *Proof Estimates Hansard*, 31 May 2017, pp. 27-32.

7 *Proof Estimates Hansard*, 31 May 2017, p. 35.

8 *Proof Estimates Hansard*, 31 May 2017, p. 52.

processes for more complex inquiries to some agency staff, and we have better managed the distribution of staff to arrival of calls. ... We still have quite lengthy average handle times for the calls—about 13, 14 minutes, which is telling us that we are dealing with a lot of matters at that one call.⁹

3.9 Other matters that were examined under Outcome 3 include:

- funding for the Young Carer Bursary Program;¹⁰
- operation of the Autism Advisor Program;¹¹
- Disability Employment Services ratings;¹²
- NDIS complaints handling;¹³
- development of the NDIA's virtual assistant, Nadia;¹⁴
- the NDIA's approach to managing disabilities not listed under the NDIS;¹⁵ and
- housing arrangements under the Specialist Disability Accommodation Initiative.¹⁶

Outcome 1: Social Security

Drug testing trial for jobseekers

3.10 Questioning of Outcome 1: Social Security began with consideration of the drug testing trial for jobseekers, proposed under the Better Targeting of Assistance to Support Jobseekers 2017–18 Budget measure. Ms Serena Wilson, Deputy Secretary, DSS, provided the committee with the following context for the trial:

The underlying policy rationale is to identify in a trial whether people are using illicit substances. To the extent that that is the case, it is clearly one of the things that can be a barrier to employment. Those who have that barrier to employment could then be, after a second test, referred to assessment as to whether or not they would benefit from treatment options or other interventions designed to address that substance misuse and to improve their capacity for and likelihood of addressing that barrier and returning to work.¹⁷

9 Mr Grant Tidswell PSM, Chief Operating Office, National Disability Insurance Agency, *Proof Estimates Hansard*, 31 May 2017, p. 38.

10 *Proof Estimates Hansard*, 31 May 2017, p. 15.

11 *Proof Estimates Hansard*, 31 May 2017, p. 17.

12 *Proof Estimates Hansard*, 31 May 2017, p. 20.

13 *Proof Estimates Hansard*, 1 June 2017, pp. 24, 35-38.

14 *Proof Estimates Hansard*, 31 May 2017, p. 49.

15 *Proof Estimates Hansard*, 31 May 2017, p. 53.

16 *Proof Estimates Hansard*, 31 May 2017, p. 58.

17 Ms Serena Wilson, Deputy Secretary, Department of Social Services, *Proof Estimates Hansard*, 31 May 2017, p. 62.

3.11 Senators queried an apparently limited evidence base for the trial and heard that 'the government has clearly stated that the purpose of the trial is that it has been designed to build that evidence'.¹⁸ Subsequently, the committee discussed a position paper on drug testing from the Australian National Council on Drugs, which recommended against drug testing of income support recipients.¹⁹

3.12 The proposed structure and features of the trial were queried extensively and at several points throughout proceedings. The committee was informed of proposed particulars of the trial, including: jobseekers will pay for the cost of the drug testing through the withholding of income support payments where a second review test is sought following an initial positive test;²⁰ the cost of evaluating the trial is anticipated to be \$980 000;²¹ the testing methodology used for the drug testing is yet to be determined;²² the testing methodology may impact on the accuracy of the tests;²³ the range of drugs to be tested is yet to be determined;²⁴ people who test positive will be referred to a health professional for treatment; the selection of trial site locations are pending a decision from Government;²⁵ and a jobseeker who is found to test positive to a drug test may be placed on income management.²⁶

3.13 Other matters that were examined under Outcome 1 include:

- consolidation of working age payments;²⁷
- comorbidity of mental health and drug and alcohol misuse;²⁸
- support services for refugees;²⁹
- 'demerit point' system to encourage income support compliance;³⁰ and
- proposed amendments to Family Tax Benefit A.³¹

18 Ms Cath Halbert, Group Manager, *Proof Estimates Hansard*, 31 May 2017, p. 64.

19 *Proof Estimates Hansard*, 31 May 2017, p. 69.

20 *Proof Estimates Hansard*, 31 May 2017, p. 66.

21 *Proof Estimates Hansard*, 31 May 2017, p. 72.

22 *Proof Estimates Hansard*, 31 May 2017, p. 73.

23 *Proof Estimates Hansard*, 31 May 2017, p. 73.

24 *Proof Estimates Hansard*, 31 May 2017, p. 74.

25 *Proof Estimates Hansard*, 31 May 2017, pp. 76, 91.

26 *Proof Estimates Hansard*, 31 May 2017, p. 95.

27 *Proof Estimates Hansard*, 31 May 2017, p. 84.

28 *Proof Estimates Hansard*, 31 May 2017, p. 88.

29 *Proof Estimates Hansard*, 31 May 2017, p. 105.

30 *Proof Estimates Hansard*, 31 May 2017, pp. 106, 113.

31 *Proof Estimates Hansard*, 31 May 2017, p. 114.

Department of Social Services—1 June 2017

3.14 On 1 June 2017, the committee heard evidence from the Department of Social Services and the Department of Human Services in the following order:

- Outcome 4: Housing;
- Outcome 2: Families and Communities; and
- Department of Human Services.

Outcome 4: Housing

3.15 Proceedings recommenced with the committee hearing an opening statement from Senator the Hon. Zed Seselja, Assistant Minister for Social Services and Multicultural Affairs. The Assistant Minister's statement informed the committee of updates to housing measures proposed in the 2017–18 Budget; particularly the formation of a new National Housing and Homelessness Agreement (NHHA).³²

3.16 Senators' discussion subsequently centred on the NHHA and examined the agreement's: intra-departmental governance arrangements;³³ housing supply targets and affordable housing stock;³⁴ and associated affordable housing policies.³⁵ The committee moved to consider whether there had been a funding decrease for affordable housing and homelessness services in the Northern Territory.³⁶

Outcome 2: Families and Communities

3.17 Examination of Outcome 2: Families and Communities began with consideration of the Cashless Debit Card (CDC) trial.

Cashless Debit Card trial

3.18 DSS responded to questioning on the potential adverse effects that the availability of unauthorised alcohol in trial site locations may have on the efficacy of the trial. The committee heard that DSS had received anecdotal reports of 'grog running' at CDC trial sites.³⁷

3.19 Senators questioned the funding of the CDC trial in 2017–18, however the committee was informed that these figures are not published and that '[t]he reason it is not for publication in the 2017–18 year is because a component relates to the expansion of the cashless debit card, which is commercial-in-confidence'.³⁸ DSS noted that, with the expansion of the CDC trial, they are currently negotiating service

32 *Proof Estimates Hansard*, 1 June 2017, p. 5.

33 *Proof Estimates Hansard*, 1 June 2017, p. 6.

34 *Proof Estimates Hansard*, 1 June 2017, p. 6.

35 *Proof Estimates Hansard*, 1 June 2017, p. 8.

36 *Proof Estimates Hansard*, 1 June 2017, p. 26–28.

37 *Proof Estimates Hansard*, 1 June 2017, p. 29–31.

38 Mr Tristan Reed, Branch Manager, Department of Social Services, *Proof Estimates Hansard*, 1 June 2017, p. 38.

contracts and the yet-to-be-determined new trial site locations may impact on the final 2017–18 CDC funding allocation. Mr Finn Pratt AO PSM, Secretary, DSS, outlined the forward process for determining the 2017–18 CDC trial costs:

...the steps will be that we need a government determination of the new sites. Once that has been determined, that will identify what the conditions are in both the sites and for the people who will be part of those trials. That will then factor into the negotiations with the card providers about the costs to do that. Clearly, if it is done in the middle of a big city, it will be very different from if it is in a regional area or a remote area. They could be quite different costs.³⁹

3.20 Further consideration was given regarding the CDC trial expansion and DSS provided the committee with information on the communities which had expressed an interest in becoming CDC trial sites. DSS confirmed that selection of a trial site location is a matter for the Social Services Minister to decide.⁴⁰ Senators sought clarification on the evaluation methodology being used to assess the success of existing CDC trial sites. Ms Kathryn Mandla, Branch Manager, DSS, advised the committee on the evaluation design:

We worked with the evaluators and the policy area to design the evaluation based on previous evaluations and what we knew about change and how long it generally was anticipated to take. We anticipated that we would see some other shorter term outcomes around stabilisation and reductions in alcohol consumption, gambling and drug use. Bear in mind some of the difficulties in the early stages of measuring that. Over time, they were foundational early outcomes required to achieve the medium term community outcomes. As I said, once we get a more longitudinal data sample as the trial goes out and we have a longer period of time and we can look more closely at, for example, crime stats relating to violence and so forth, we will be able to see what those longer term impacts are.⁴¹

1800 RESPECT service

3.21 The committee questioned DSS on its administration of 1800RESPECT service, particularly the approach to first-line response services and complaints management.⁴² Mr Pratt assured the committee that male counsellors do not answer 1800RESPECT calls.⁴³ In response to Senators questions, DSS provided detailed information on DSS' involvement with the tender process for the 1800RESPECT service, which is currently administered by Rape and Domestic Violence Australia

39 Mr Finn Pratt AO PSM, Secretary, Department of Social Services, *Proof Estimates Hansard*, 1 June 2017, p. 40.

40 *Proof Estimates Hansard*, 1 June 2017, pp. 69–70.

41 Ms Kathryn Mandla, Branch Manager, Department of Social Services, *Proof Estimates Hansard*, 1 June 2017, p. 73.

42 *Proof Estimates Hansard*, 1 June 2017, pp. 33–35.

43 *Proof Estimates Hansard*, 1 June 2017, p. 40.

(RDVSA) under subcontract from Medibank Health Solutions (MHS).⁴⁴ The committee received detailed evidence on the discrepancies between MHS and RDVSA data regarding the nature of calls received by 1800 RESPECT and the extent to which specialist trauma counsellors are required to manage those calls.⁴⁵

Commonwealth Redress Scheme for survivors of institutional childhood sexual abuse

3.22 The committee considered particulars of the 2017–18 Budget measure to establish the Commonwealth Redress Scheme for survivors of institutional childhood sexual abuse (scheme). The committee received information on: the timeline for implementation of the scheme; the remit of the scheme to support victims from Commonwealth institutions; maximum payments available under the scheme; particulars of witnesses' engagement with the scheme; and the forward process for having states and territories come on board.⁴⁶

3.23 Other matters that were examined under Outcome 2 include:

- support programs for victims of trafficking;⁴⁷
- factors contributing to disrespect and violence against women;⁴⁸
- redesign of the Strengthening Communities Program;⁴⁹
- funding of emergency relief services the accessibility of service locations;⁵⁰ and
- drug and alcohol support services existing in conjunction with the CDC trial.⁵¹

Department of Human Services

3.24 This section contains the key issues covered during the committee's examination of for the Department of Human Services (DHS).

Community Development Programme

3.25 Consideration of DHS' performance and expenditure began with questions regarding the administration of funding for the Community Development Programme (CDP) regarding participants who breach the programme's requirements; the support

44 *Proof Estimates Hansard*, 1 June 2017, pp. 55–60.

45 *Proof Estimates Hansard*, 1 June 2017, pp. 59–60.

46 *Proof Estimates Hansard*, 1 June 2017, pp. 43–48.

47 *Proof Estimates Hansard*, 1 June 2017, pp. 31–32.

48 *Proof Estimates Hansard*, 1 June 2017, p. 41.

49 *Proof Estimates Hansard*, 1 June 2017, pp. 49–41.

50 *Proof Estimates Hansard*, 1 June 2017, pp. 61–62.

51 *Proof Estimates Hansard*, 1 June 2017, p. 76.

Centrelink provides to CDP participants; actions that constitute a breach of CDP conditions; and rates of non-compliance investigations.⁵²

Drug testing trial for jobseekers

3.26 The committee sought to examine DHS on its involvement with the drug testing trial for jobseekers proposed under the Better Targeting of Assistance to Support Jobseekers 2017–18 Budget measure. The committee heard that DHS will be managing the measure's procurement process, which is in early stages of development.⁵³ DHS is currently in the process of: consulting with other Commonwealth agencies who conduct widespread drug testing initiatives;⁵⁴ assessing the engagement of a third party with specialist knowledge of medical testing regimes;⁵⁵ and considering how contact will be made with jobseekers to be notified of a drug test.⁵⁶

3.27 Other matters that were examined under DHS include:

- compliance measures for income support payment recipients;
- freedom of information requests submitted to DHS;⁵⁷
- Medicare eligibility for refugees;⁵⁸
- Centrelink call wait times;⁵⁹
- DHS staffing level reductions;⁶⁰
- Disability Support Pension reviews;⁶¹
- Parenting Payment eligibility requirements;⁶² and
- the number and profile of Centrelink debt appeals made to the Administrative Appeals Tribunal.⁶³

3.28 Consideration of matters related to DHS' performance and expenditure concluded the committee' examination of departments and agencies for the 2017–18 Budget Estimates.

52 *Proof Estimates Hansard*, 1 June 2017, p. 86.

53 *Proof Estimates Hansard*, 1 June 2017, p. 92.

54 *Proof Estimates Hansard*, 1 June 2017, p. 93.

55 *Proof Estimates Hansard*, 1 June 2017, p. 94.

56 *Proof Estimates Hansard*, 1 June 2017, p. 96.

57 *Proof Estimates Hansard*, 1 June 2017, p. 99.

58 *Proof Estimates Hansard*, 1 June 2017, p. 102.

59 *Proof Estimates Hansard*, 1 June 2017, p. 106.

60 *Proof Estimates Hansard*, 1 June 2017, p. 110.

61 *Proof Estimates Hansard*, 1 June 2017, p. 114.

62 *Proof Estimates Hansard*, 1 June 2017, p. 122.

63 *Proof Estimates Hansard*, 1 June 2017, pp. 126–127.

Senator Jonathon Duniam

Chair

June 2017

Appendix 1

Departments and agencies that appeared before the Committee¹

Health Portfolio

- Australian Aged Care Complaints Commissioner
- Australian Aged Care Quality Agency
- Australian Digital Health Agency
- Australian Sports Anti-Doping Authority
- Australian Sports Commission
- Department of Health
- Independent Hospital Pricing Authority
- National Health and Medical Research Council
- National Mental Health Commission

Social Services Portfolio (including Human Services)

- Department of Human Services
- Department of Social Services
- National Disability Insurance Agency

1 This document has been prepared based on the Department of Finance's *Flipchart of Commonwealth entities and companies* under the *Public Governance, Performance and Accountability Act 2013* as at 1 July 2016, https://www.finance.gov.au/sites/default/files/pgpa_flipchart.pdf?v=2 (accessed 8 June 2017).

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