

**Department of Health
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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000692	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	Administration, Handling and Infrastructure (AHI) Fee	a) As to the AHI fee, can the Department provide us with figures on the change in price for general consumers of the 10 most commonly prescribed medicines as a result of the move to the new Administration, Handling and Infrastructure fee, please? b) Can we have a list of the DPMQ for the 10 most commonly prescribed medicines before and after the introduction of the new pricing arrangement?	81 - 21/10/15
SQ15-000693	2 - Access to Pharmaceutical Services	Seselja, Zed	LP	Efficient Funding of Chemotherapy Review	a) Is there a figure in that report that suggested \$41.33? b) So all the work was done in that report and that was what pointed to dropping it for non TGA licensed compounders. How many sites contributed data to be able to come to that conclusion?	85 - 21/10/15
SQ15-000694	2 - Access to Pharmaceutical Services	Smith, Dean	LP	Efficient Funding of Chemotherapy Review - criticisms	Criticisms have been raised about the report. Can you please provide a response to these criticisms: a) The data sets were not supported by any verifiable documentation and, accordingly, accuracy cannot be verified; b) Only a small number of pharmacies provided data in support of their views; 20 individual sites providing an estimated 35 per cent of all chemotherapy infusions; and c) A number of consistency issues between individual data sets provided, with some providing less detail than others and some apparent differences in interpretation of each cost component. A number of data sets appear to be part of group submissions which may impact the weighting of the average cost calculations.	87 - 21/10/15
SQ15-000695	2 - Access to Pharmaceutical Services	Rice, Janet	AG	Transgender People – Access to Medical Treatment	a) Have you not received any application or any proposal before now (in relation to stage 1 treatment, puberty blockers, gonadotrophin-releasing analogues)? b) Has there been any consideration or any determination of them so far (basically it is the puberty blocker, the gonadotrophin- releasing hormone analogues)?	88 - 21/10/15
SQ15-000696	1 - Population Health	Siewert, Rachel	AG	Safety of Nanoscale Particles in Food	Have any overseas agencies looked at the safety of nanoscale particles in food?	111 - 21/10/15
SQ15-000697	3 - Access to Medical and Dental Services	Williams, John	NATS	Pathology and Diagnostic Imaging	a) Is it correct that once a CT machine reaches 10 years old and is used in a city practice, it only attracts half the Medicare rebate? b) Is it correct that the same CT machine that is 10 years old or older can be sold or transferred to a regional practice and attract the full Medicare rebate? c) Is it correct that a machine that is at least ten years old emits five times the amount of radiation? d) If the Department's Regulatory Impact Statement is all about quality, why is a ten years old machine allowed to be sent to regional areas when its efficiency is obviously not regarded as highly in a city area?	Written
SQ15-000698	1 - Population Health	Leyonhjelm, David	LDP	Tobacco Plain Packaging	Does the result, reported in the 2015 article by Scollo et al entitled 'Changes in use of types of tobacco products by pack sizes and price segments, prices paid and consumption following the introduction of plain packaging in Australia', that 'Consumption did not change in PP year 1 among daily, regular or current smokers or among smokers of brands in any market segment' indicate that plain packaging did not change tobacco consumption in its first year?	Written
SQ15-000699	1 - Population Health	Rhiannon, Lee	AG	Animal Testing	Following up on questions I asked during Estimates hearings, how many NHMRC grants have been made in the last five years that involve using dogs or using cats in animal experiments? For each species that the tests were carried out on please supply the following information: a) Who/what body was the grant given to? b) What was the purpose of the grant and of the research? c) What was the dollar value of the grant? d) What sort of procedures did the research involve for each of the funded projects? e) How many animals were/are being used in each of the projects f) Is the NHMRC aware of where these animals came from? Where? g) What happened or is happening to the dogs and cats at the conclusion of these experiments? i) Is there any attempt to rehome these animals, or any contact with animal welfare organisations to rehome these animals?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000700	1 - Population Health	Rhiannon, Lee	AG	Non-Human Primate Testing	I was advised during Estimates hearings that some 125 non-human primates were requested to be used in experiments in 2013. a) Since the beginning of 2014, how many primates have been requested to be used in experiments? b) And has the NHMRC funded any research using non-human primates? c) If the NHMRC has funded research please provide details for each of those projects? d) Which species and how many have been used or requested in each of the projects? e) What sort of procedures did/is the research subject those animals to? f) What was or is the planned fate of those animals at the conclusion of the experiments?	Written
SQ15-000701	1 - Population Health	Rhiannon, Lee	AG	Animal Testing	In June 2014 Budget Estimates I was advised the Code of Conduct for the care and use of animals for scientific purposes provided measures to avoid duplication of research involving animal experiments – this was in answer to my question about why a national database is not maintained to ensure animal experiment research is not duplicated and results made available to other researchers: a) What are those measures? How effective are they? b) Is there any interest by the NHMRC in measuring how effective the Code is in avoiding duplication of research involving animal testing? c) If not why not – given the NHMRC is in charge of the code?	Written
SQ15-000702	1 - Population Health	Rhiannon, Lee	AG	Chemicals in Cosmetics	I notice that 16% of chemicals notified under the assessment certificate category in 2013-14 were Cosmetics. a) In the last year, how many cosmetics ingredients have had manufacturers' or importers' applications to NICNAS to accept overseas non-animal tested validated data-sets accepted instead of animal-tested datasets? b) Could I have details of which ingredients were successful and which were not successful, and why?	Written
SQ15-000703	1 - Population Health	Rhiannon, Lee	AG	Animal Testing of Cosmetic Ingredients	How many new cosmetics ingredients notified to the NICNAS have been required to have had animal testing or have used animal-tested results in their application for approval in Australia in the past 24 months?	Written
SQ15-000704	1 - Population Health	Rhiannon, Lee	AG	Animal Testing	NICNAS has the ability to waive certain information requirements where the introducer can provide alternative non-animal tested data, such as from computer models or from previous animal testing or other validated non-animal tests. Is NICNAS encouraging introducers to seek that alternative validated data – in the spirit of the 3Rs (Replacement, Reduction and Refinement in animal testing)	Written
SQ15-000705	1 - Population Health	Rhiannon, Lee	AG	Importation of Animal-tested Cosmetics	a) With the banning of animal-tested cosmetics picking up around the world, is the NICNAS aware of any increase in animal-tested cosmetics ingredients coming into Australia? b) Has there been an increase in applications for importation of animal-tested ingredients or cosmetics?	Written
SQ15-000706	1 - Population Health	Rhiannon, Lee	AG	Reforms on Animal-tested Cosmetics	Can you update me on where the NICNAS reforms are up to with regard to cosmetics, and in particular with regard to animal-tested cosmetics or cosmetics ingredients: There had been talk of moving the administration of the Cosmetic Standard 2007 over to the ACCC – which is recommended by the 2008 Productivity Commission Research Report (Chemicals and Plastics Regulation) and the 2013 Draft Regulatory Impact Statement (Options for reforming the National Industrial Chemicals Notification and Assessment Scheme Regulation Impact Statement) a) Where is that process up to? b) What is the timeline for milestones and outcomes to be reached? c) What is the current discussion around cosmetics? d) Where do non-animal-tested cosmetics sit within these discussions – is facilitating the reduction in importing and use of animal-tested cosmetics being discussed or considered?	Written
SQ15-000707	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	MBS Item Numbers	a) Have you got any indicators of likely MBS target item numbers? i) Will they be cut or the descriptors changed to reflect modern procedures? ii) Is so, isn't that effectively a new MBS item number listing? b) What are the justifications for no new item numbers a part of the review? c) Is there any possibility of using regional weighting for item numbers?	Written

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SQ15-000708	3 - Access to Medical and Dental Services	Di Natale, Richard	AG	Pathology	a) Pathology - with regards the new Part 11BA required the passing of Regulations to define acceptable market rents for co-located collection centres - can you explain where that has got to? i) I understand the government has agreed to rectify this matter via a clarification of the existing intent of the regulation. Is that right? ii) Does the solution require clearer and more effective regulation requiring proposed rents payable to be compared to a robust database of rents in the surrounding area (presently +/-20% which is in the existing regulations)?	Written
SQ15-000709	5 - Primary Health Care	Di Natale, Richard	AG	GP Retention Rates	a) Can you detail the impact of practice incentive cuts and impact on retention rates for GPs? b) Can you report the impact on GP retention rates since the freeze on indexation rates on Medicare? c) What has been the impact on bulk-billing rates?	Written
SQ15-000710	5 - Primary Health Care	Di Natale, Richard	AG	GP Training	What has been the impact of abolishing the GP education and training company and ceasing the pre-vocational GP placement scheme?	Written
SQ15-000711	5 - Primary Health Care	Di Natale, Richard	AG	Primary Healthcare Networks	Can you detail the budgets for primary healthcare networks and their scope of practice?	Written
SQ15-000712	5 - Primary Health Care	Di Natale, Richard	AG	Rural and Regional Allied Health	a) Are there any HWA rural and regional allied health programs still running? b) What are you doing to evaluate the workforce capacity of rural and regional allied health? c) Have you looked at utilising the example of multipurpose services in rural and regional areas as framework for system design?	Written
SQ15-000713	6 - Private Health	Di Natale, Richard	AG	Freeze of Indexation on Insurance Retention	a) What impact have you seen of freezing indexation on insurance retention? b) Have you done a cost benefit analysis of the impact of phi on relieving pressure in public health system? c) What has been the impact of phi penalties to inadvertent incidents such as at Calvary in phi in public hospitals?	Written
SQ15-000714	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Access to Hep C Drugs	Can you describe what will happen if access to pbs for hep c drugs isn't listed by December this year. I understand doctors are anxious that they will be unable to prescribe a medicine that is known to be more than 95% efficient and the impact of people with hep C being untreated and their impact on the community. Have you done modelling on what this will cost the healthy system?	Written
SQ15-000715	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Access to Life Enhancing Medicines	Have you considered the Senate recommendations into access to pbs for rare life threatening diseases already pbac approved – when can patients begin to see new arrangements for access to life enhancing medicines?	Written
SQ15-000716	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Prostheses List for Bio Engineering	Prostheses list for bio engineering – Stryker non-implantable items that are incredibly effective for removing blood clots but not listable due to existing protocols – a) Will this be changed? b) What is the impact of this protocol issue on health system?	Written
SQ15-000717	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Chemotherapy Funding	a) How much has been committed to chemotherapy funding over the forward estimates? (\$372million) b) Can the Department set out how this is split over each financial year and the remaining forward estimate years? c) How was this (\$372million) figure derived? d) Have you made any changes to the compounding fee in the 6CPA? e) What is the rationale for reducing the compounding fee for \$60 to \$40 for non-TGA licensed compounders? f) How was \$40 arrived at as the appropriate amount to cover the cost of compounding in non-TGA licensed facilities? g) How many sites contributed data to the \$41.33 figure in that report (Report to the Minister for Health: Review of Funding Arrangements for Chemotherapy Services, October 2013)? h) Have you had any representation from providers questioning the veracity of that report? i) Has the Department consulted hospitals and community pharmacies on the impact of the reduction? j) Have any providers made representations to Government that they may reduce or withdraw from compounding on their sites? k) Has the Department's financial modelling taken into account the impact of non-TGA licensed compounders ceasing to compound and moving to outsource compounding? l) Has the Department taken into account the difference in wastage rates (ie. PBS claimable pre-ordered chemotherapy that cannot be used due to patient cancellation) between providers that compounders that compound on-site versus those who outsource and need to pre-order? m) What impact will this have on PBS expenditure? n) How will the Department ensure that this does not restrict access (of just-in-time chemotherapy and chemotherapy drugs with short half-life) to rural and remote areas who will incur increased transit times for pre-ordering chemotherapy?	Written

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SQ15-000718	7 - Health Infrastructure, Regulation, Safety and Quality	Di Natale, Richard	AG	Medicinal Cannabis	a) We have concerns about the issues associated with the TGA's role in fettering access to cannabis-derived medicines in Australia. We understand there is at least a way (which the TGA is well aware of) to provide immediate lawful access to medicines containing CBD, subject to the grant of licences and permits by the Drug Control Section (DCS) of the TGA. Is this accurate? b) Given that CBD was placed in Schedule 4 in earlier this year and it is not prone to misuse or abuse, on what basis does the TGA justify withholding licence and permits for the import of CBD? If it is because CBD is captured under the listing for "cannabinoids" in the Customs (Prohibited Imports) Regulations 1956, shouldn't CBD have been excluded from that listing when it was determined that it should be placed in Schedule 4 and was not prone to misuse or abuse. c) I understand that Professor John Skerritt (TGA National Manager), Ms Philippa Horner (TGA legal counsel) and Mr Darren Jones (Director, DCS), are well aware of the lawfulness of the proposed scheme but are still withholding a decision in this matter after 4 months. Is this right? Is it also the case that there are a number of websites that are obtaining illegal supplies of CBD, of questionable quality, and yet these websites seem to be able to operate in an unfettered way, whilst at the same time the TGA is obstructing companies who are taking the required steps to operate lawfully and provide a safe, high quality means of access to CBD products? d) We understand the TGA is currently delaying making a decision in respect of a licence and permit application for an applicant who has submitted applications to import CBD raw material for use in clinical trials and for the extemporaneous compounding of patient-specific medicines, under an exemption scheme pursuant to the Therapeutic Goods Regulations 1990. Can the TGA explain the reasons for this delay? e) We understand that there was a particularly urgency in granting this application because CBD had to be imported in time to commence a clinical trial involving CBD by 11 September, otherwise the researcher would lose the funding that had been allocated for the trial. We understand that despite being advised of this, the TGA refused to grant the licence and permit, and the researcher lost the funding and is now unable to conduct the trial. Can you please provide an explanation as to why this situation was allowed to occur? f) Given the above circumstance, are these delays by the TGA in making a decision justified?	Written
SQ15-000719	8 - Health Workforce Capacity	Di Natale, Richard	AG	Healthcare Workforce	a) What has been the impact on workforce planning since disbanding HWA? b) Is there still HWA program funding in the Budget?	Written
SQ15-000721	1 - Population Health	Di Natale, Richard	AG	Drug Enforcement Budget	a) Drugs – what sums are they putting into treatment and prevention out of the \$1.7bn drug enforcement budget? b) Can they confirm it's around 22% for treatment and 9% for prevention? c) Have they done any cost benefit analysis of the balance being spent on enforcement?	Written
SQ15-000722	1 - Population Health	Di Natale, Richard	AG	Medical Research	a) Medical research, when will advisory body be up and running for MRFF? b) Will 43m dementia money be signed off by them before it gets released?	Written
SQ15-000723	1 - Population Health	Di Natale, Richard	AG	Wind Farms	a) With regards to NHMRC grants re. wind farms – how much further evidence is needed to explore the relationships between noise at varying distances from wind farms and effects such as annoyance, sleep and quality of life? b) Is there a similar research requirement to investigate the broader social and environmental circumstances that may influence the reporting of health effects in people living near wind farms? c) How far do they intend to extend this line of inquiry?	Written
SQ15-000724	1 - Population Health	Di Natale, Richard	AG	Ice taskforce	Ice taskforce questions Can they confirm if ice taskforce has seen a rise in ice abuse or is it more the case that drug use is consistent with previous patterns but users are switching to ice form other drugs?	Written
SQ15-000725	1 - Population Health	Di Natale, Richard	AG	Rare Cancers	a) What is the status of the progression for a National Plan for Rare Diseases? b) Rare Voices Australia received bipartisan support in 2014 to establish a rare disease registry, where is the progress of the planning to establish such a registry? c) Given that Australia has no official rare disease data, can this be addressed as inclusion in a census question? d) Given Western Australia now has its state Rare Disease Framework 2015-2018 published, what progress are the other states making towards this?	Written
SQ15-000726	2 - Access to Pharmaceutical Services	Di Natale, Richard	AG	Life Saving Drugs Program	Can you please advise into the Life Saving Drugs Program Post Market Review – when will the report be released and made publicly available?	Written
SQ15-000727	1 - Population Health	Di Natale, Richard	AG	Alcohol	a) Will the Government be responding the recommendations made in the ANPHA advertising report now that it has been released under FOI? b) Has the Department contributed to the Free TV Australia review of the Commercial Television Industry Code of Practice? c) Will the Government initiate an independent review to identify and resolve current failings of the alcohol advertising system and introduce effective regulation of alcohol advertising across all forms of broadcast and online media?	Written

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SQ15-000728	1 - Population Health	Di Natale, Richard	AG	Rheumatic Heart Disease Control Program Funding	a) Do you intend to continue funding the rheumatic heart disease control programs in Western Australia, the Northern Territory, South Australia and Queensland when the current funding ends in June 2016? b) In the absence of funding for these coordinated control programs, a proven prevention strategy, who will provide support to the health professionals who care for over 5000 Australians currently on the rheumatic heart disease registers (40% of whom are under 24 and at risk of premature death and disability)?	Written
SQ15-000735	1 - Population Health	Siewert, Rachel	AG	Nanoparticle applications	(a) Has any company contacted FSANZ seeking advice as to whether to apply for approval for foods containing nano particles? (if so, how many companies, was it in writing, what foods?) (b) If manufacturers are aware that the toxicity profile of nanoparticles they are using is different to non-nano materials, or if the use of nanoparticles has a technological or nutritional function, are they then required to apply for approval?	Written
SQ15-000736	1 - Population Health	Siewert, Rachel	AG	Friends of the Earth testing results	Is it FSANZ's view that nanoparticles detected by FoE testing may be incidental not intentionally produced?	Written
SQ15-000737	1 - Population Health	Siewert, Rachel	AG	Nano silica and titanium dioxide	Are there any reasons for which nano silica or nano titanium dioxide might be intentionally used, other than for a technological or nutritional function?	Written
SQ15-000738	1 - Population Health	Siewert, Rachel	AG	Raw milk regulation in New Zealand	Is FSANZ aware of recent changes in New Zealand's regulation of the sale of raw milk to consumers? What implication does this have for FSANZ's regulation of the sale of raw milk in Australia?	Written
SQ15-000739	1 - Population Health	Siewert, Rachel	AG	GM feeding studies - requirements for applications	(a) Is it correct that FSANZ does not require animal feeding studies to be done a GM crop before FSANZ determines that a GM crop is safe to eat? (b) Has FSANZ ever published a criticism or detailed critique of animal feeding studies submitted to it by applicants for the approval of a GM food? (c) Has FSANZ ever responded to an applicant in writing asking that feeding studies be redone or that data be re-analysed as a result of shortcomings in those studies? If yes, please identify the studies and GMO food for which approval was being sought.	Written
SQ15-000740	5 - Primary Health Care	Siewert, Rachel	AG	Primary Health Care Networks	What data is available on the health outcomes for Aboriginal and Torres Strait Islander peoples from Primary Health Networks? Particularly in comparison to the previous system?	Written
SQ15-000741	5 - Primary Health Care	Siewert, Rachel	AG	Mental Health	Mr Butt: The various jurisdictions have been working fairly closely with us through a steering group that we had which then related back to the safety and quality standing committee of AHMAC. There was quite a cooperative approach, particularly in relation to seclusion. Seclusion rates have quite a cooperative approach in relation to public reporting on regional variations and the variation between states, and the rates have come down quite markedly over the past few years. I think they have gone down from 13 events per thousand bed days in 2008 to eight events per thousand in 2012. So there is good cooperation there. I think public reporting has been quite useful in that area as well. Of course there is great regional variation within states in terms of that seclusion area. Restraint is a much harder issue and quite an emotive issue. Part of our work program going forward is to continue to work with them on how you define restraint and then what measures can be put in place to measure levels of restraint. Our focus of course in that position statement that you are talking about was within a few psychiatric units. It was not about seclusion per se, because there are obviously broader issues of seclusion which occur potentially in residential aged-care facilities and a whole range of other areas. Senator SIEWERT: We are trying to get a handle on that as well. Have you had a look at the voluntary code that WA has? Is there any consideration about whether you think that particular approach is adequate? Mr Butt: I have not had a look at it. Senator SIEWERT: I meant the commission. Mr Butt: I am not aware. I would have to take that on notice. Senator SIEWERT: If you could take it on notice, that would great. Mr Butt: Sure.	60 - 21/10/15

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SQ15-000742	5 - Primary Health Care	Siewert, Rachel	AG	Mental Health	Mr Butt: I suppose I get back to what we were focused on—seclusion rates in relation to acute adult mental health facilities, and that at a jurisdictional level the liaison, whether it is with education or with whatever else might be happening in disability services, has been left at a jurisdictional level. Senator SIEWERT: I understand the riders you have just put on your answer in terms of the particular focus you have, but do you think there is a possibility that you could take a more comprehensive approach to this issue across the sectors? Mr Butt: There is a possibility to do it but whether we are the right body to do it would be another question. Senator SIEWERT: I am not meaning to imply that it would be you, but across the board, and we will work out who does it later? Mr Butt: It is something that could be looked at. I think you are dealing with quite different issues in many ways between, for example, education and disability and the actual mental health facilities. Senator SIEWERT: I will come to education and disability, because that is exactly where we are seeing restraints used. Hence my question— Mr Butt: I am not an authority to say whether you could do that or not. I am saying it is something you could have a look at. Senator SIEWERT: That does take me to my question about education. Have you had any interaction with Education over this issue? Mr Butt: I would have to take that on notice. We may have had association with Education but I could not tell you for sure.	61 - 21/10/15
SQ15-000743	1 - Population Health	Carr, Kim	ALP	Australian Prostate Cancer Research and the Australian Centre for Prostate Cancer and Men's Health	a) What meetings and correspondence has the Health Minister (either Dutton or Ley) or the Department of Health had with the Australian Prostate Cancer Research or the Australian Centre for Prostate Cancer and Men's Health? b) Has the Minister responded to any correspondence from Australian Prostate Cancer Research or the Australian Centre for Prostate Cancer and Men's Health? If not, why not?	Written
SQ15-000744	1 - Population Health	Carr, Kim	ALP	Australian Prostate Cancer Research and the Australian Centre for Prostate Cancer and Men's Health	Has the Minister's office or the Department of Health had any discussion with the Australian Prostate Cancer Research or the Australian Centre for Prostate Cancer and Men's Health about one-off funding arrangements? If so what are the status of these discussions?	Written
SQ15-000750	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Both Professor Baggoley and Dr. Lum have publically confirmed that many patients in Australia are sick, often becoming ill following a tick bite. Why has the government failed to notify pathology laboratories, medical colleges and doctors of the existence of a Lyme-like disease in Australia? And why has it also failed to notify doctors to treat patients with presenting with Lyme and Lyme-like illness (even with no travel history) in accordance with the best knowledge of the day while research continues?	Written
SQ15-000751	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Professor Baggoley has publically indicated that he does not endorse restriction of doctors treating Lyme and Lyme-like disease in Australia. Why does the Department of Health provide nothing more than 'lip service' to treating physicians allowing doctors to become targets of critical review by peers and regulatory bodies?	Written
SQ15-000752	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Evidence of a Lyme-like disease, characterised by a multi-systemic infection following tick bite, continues to mount in Australia. Indeed, the recent Murdoch study found multiple pathogens in Australian ticks. When is the government slated to officially name the infection(s) spread by ticks if it refuses to acknowledge that it could be accurately defined under the umbrella term of Lyme disease?	Written
SQ15-000753	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Australian patients report being treated with scepticism and are denied care when presenting to health facilities with co-infections like Anaplasma, Mycoplasma and Rickettsia, despite those being globally recognised. What has the Department done to make doctors aware that Australian ticks are carrying multiple pathogens that can make patients sick?	Written
SQ15-000754	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	According to the Deutsche Borreliose-Gesellschaft (German Borreliosis Society), tick borne infections can mimic neurological and mental diseases, diseases of the muscular and skeletal systems and cardiovascular diseases. As a diagnostic case definition for Lyme-like illness is yet to be established will it include a list of the diseases that tick borne pathogens can mimic to prevent misdiagnosis of patients? If not, why?	Written

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SQ15-000755	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Global best practise dictates that Lyme and Lyme-like disease is primarily a clinical diagnosis largely attributable to the difficulties with blood testing for Lyme and Lyme-like illness. What has the Department of Health done to educate doctors in the fact that a negative Lyme disease test does not necessarily mean a patient is free of that particular infection?	Written
SQ15-000756	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Dr. Lum recently stated that it is "inappropriate for medical practitioners in Australia to make a diagnosis" of Lyme and Lyme-like disease. This is in direct conflict to Professor Baggoley's comments. Does the National Pathology Accreditation Advisory Council (NPAAC) agree with Dr. Lum's statement? If so, why?	Written
SQ15-000757	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Lack of official data limits the government's ability to calculate morbidity rate of Lyme and Lyme-like disease in Australia and to appropriately respond. Why has Lyme-like disease still not been added to the Communicable Diseases Network Australia listing? It should be noted that this has been considered previously in 2013 and inter alia that there was no chance of an outbreak, there was no need to monitor changes in the disease and no need to inform policy makers, thus how many more cases (currently 1,494 medically confirmed cases Australia wide) will be required for reassessment?	Written
SQ15-000758	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Testing	Dr. Lum has indicated that he has no argument with the accreditation of the overseas Lyme testing laboratories (e.g. IGeneX, Infectolab and ArminLabs) as they are accredited to the standard ISO15189 that Australia has adopted. Yet, Australian doctors routinely inform patients they are providing 'false positives' and because they are not NATA accredited the results should be dismissed. Has the Department of Health communicated with the Australian medical community that it is acceptable to recognise these blood test results and advise the doctors to treat their patient's infections accordingly? If not, why?	Written
SQ15-000759	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Testing	The National Serology Reference Laboratory has been tasked with resolving the discordant results between overseas (e.g. IGeneX, Infectolab and ArminLabs) and domestic laboratories. a) Will the work by the National Serology Reference Laboratory lead to accreditation of overseas labs? b) If not, what is required to achieve such an outcome? c) There is urgent need to resolve discordant results to ensure the infection causing Lyme and Lyme-like disease is identified and treated promptly. What is the current status of the work by the National Serology Reference Laboratory and when will its findings be publically released?	Written
SQ15-000760	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Testing	Why is the Government not comparing testing methodologies in Australian laboratories, particularly from Australian Biologics (a lab that is internationally accredited), given that Australian Biologics is finding significant incidences of Borrelia?	Written
SQ15-000761	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Testing	International research has identified a large number of species/strains of Borrelia. What species of Borrelia do accredited Australian laboratories now test for? What species/strains of Borrelia are left out of accredited Australian testing and why? E.g. research has found B. miyamotoi in Europe and the US, which are currently seen by the Australian health system, as the primary countries where a person can be infected with Borrelia yet accredited Australian laboratories do not routinely test for the miyamotoi strain.	Written
SQ15-000762	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Research	a) At the House of Representative Standing Committee on Health Lyme disease roundtable on 18 September 2015 panel experts confirmed that Australian ticks carry multiple pathogens. It's now been over twenty years with only minimal scientific inquiries into what's making certain Australian's sick. What is being done to expedite and remove stigma associated with researching tick-borne diseases in the short-term? b) How does the government plan to encourage Australian researchers, by removing stigma and not simply identifying research areas, to engage in tick borne disease research over the long term; perhaps the next five to ten years? c) Why has the current position of 'zero Lyme disease in Australia' been based on a 1994 study by Russell and Doggett when it limited its research scope to only 3 strains of Borrelia and subsequently ignored spirochete artefacts that were isolated?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000763	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Treatment	Has the Department of Health considered adopting the International Lyme and Associated Disease Society guidelines to assist in the interim treatment of patients while waiting for further research? If not, why?	Written
SQ15-000764	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Treatment	It is cruel and inhumane to expect sick people to wait while the debate about this disease drags on. What practical steps has the Department of Health done to alleviate the suffering of people with Lyme and Lyme-like disease? How is it ensuring and monitoring these patients are receiving appropriate treatment to return to good health?	Written
SQ15-000765	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Treatment	The Lyme Disease Association of Australia submitted a detailed public health Patient Strategic Action Plan in January 2014 as an appendix to its submission to the Clinical Advisory Committee on Lyme Disease scoping study. Yet, patients are still suffering. What practical steps has the Department of Health taken to implement the action plan?	Written
SQ15-000766	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Transmission	Growing evidence suggests other forms of transmission for tick borne pathogens such as fleas, mosquitoes, lice, transplacentally from mother to foetus, and through unprotected sex are possible. How does the government intend on responding to combat the possibility of multiple transmission routes? Particularly given Lyme disease is increasing to epidemic proportions in other countries.	Written
SQ15-000767	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease - Transmission	There is a growing body of evidence suggesting that tick borne pathogens can be spread through blood transfusion. Is the Government going to recommend that Australian blood banks test for tick borne pathogens considering the devastating outcome that could eventuate if an Australian patient acquires a tick borne pathogen via blood transfusion? If not, why?	Written
SQ15-000768	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Dr Lum spoke in the Senate Estimates Hearing about "classical Lyme disease". a) Can Dr Lum please clarify what he means by this term? b) Has the Department of Health (DoH)'s primary focus to date been on proving or disproving the presence of a particular organism in Australia or on trying to understand the nature and causes of the condition that presents like Lyme disease and is affecting Australian patients?	Written
SQ15-000769	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	In January 2014, the Lyme Disease Association of Australia (LDAA) presented the DoH with a comprehensive Strategic Action Plan to assist the government in addressing the Lyme disease problem. a) Can you please explain: What steps the DoH has taken to implement the aspects of this strategic plan that are not reliant upon identifying a causative agent; and, b) The leadership or direction the DoH has provided to facilitate action on these strategies where responsibility for implementation falls within the jurisdiction of another department or agency? c) Has the Department of Health (DoH)'s primary focus to date been on proving or disproving the presence of a particular organism in Australia or on trying to understand the nature and causes of the condition that presents like Lyme disease and is affecting Australian patients?	Written
SQ15-000770	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Is it reasonable that Australians expect the Federal Government to develop ethical and responsible health policies and allocate health budget so that all groups of patients get a 'fair go'?	Written
SQ15-000771	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	a) What Department of Health policy exists that addresses treatment of patients with pathogenic (bacterial, viral & fungal) infections when the specific infection/pathogen has not been determined, and so may or may not be listed on a DoH list of pathogenic infections? b) Is current DoH policy designed to limit diagnosis and treatment and hence control health funding? c) Is current DoH policy constrained by pre-determined budget? d) In emergency health situations, by what process does the DoH 'find' budget to deal with the situation?	Written
SQ15-000772	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Current funded health policies clearly inhibit and prevent medical practitioners from diagnosing and treating many pathogenically ill patients, often resulting in life long illness and sometimes morbid outcomes. Why are there no effective guidelines or regulations underpinning appropriate medical practitioner training to enable medical practitioners to deal with patients who have presented with recognisable symptoms of pathogenic infections but remain undiagnosed due to limited specific testing?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000773	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	It is known that a significant percentage of the Australian population have immune and antigen conditions that will corrupt many diagnostic tests employed in Australian laboratories, specifically tests measuring the immune response to infection, rather than identifying a specific pathogen. a) At this late stage in investigations into pathogenic disease, why aren't all NATA accredited laboratories using direct and specific tests focusing on DNA sequencing/PCR? b) At this late stage in investigations into pathogenic disease, why are patients not pre-screened to identify immune conditions to assist in selection of the most appropriate testing technology for that patient, and to eliminate or minimise the risk of corrupted test results and inaccurate diagnosis?	Written
SQ15-000774	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Lyme Disease	Will the Australian Government strengthen policies, processes and procedures to ensure that commercial, private sector and university research grants are without conditions and free from all conflicts of interest, and ensure complete and transparent public scrutiny of all grant applications, changes and reports, ensuring that all intellectual and profitable outcomes can be accounted for and seen to be for the direct benefit of the people of Australia?	Written
SQ15-000775	9 - Biosecurity and Emergency Response	Madigan, John	DLP	Medical Practitioners - Diseases	It seems that misdiagnosis in relation to immune/systemic/pathogenic diseases is commonplace. This suggests that the diagnostic guidelines for all such diseases are in urgent need of review. a) When were the last DoH reviews for the guidelines of diseases such as fibromyalgia, multiple sclerosis, sarcoidosis and rheumatoid arthritis? b) When were the last communications to medical practitioners about these diseases? c) If all these diseases are being misdiagnosed, why is there not at least a DoH/CDNA patient count in progress to assist with accurate epidemiological information at some point, especially as many patients fall into the pathogenic category?	Written
SQ15-000776	8 - Health Workforce Capacity	Madigan, John	DLP	Medical Practitioners	It is unethical to victimise medical practitioners who are using their knowledge and skills to help patients the rest of the medical system has abandoned. While medical boards and mainstream medical peers victimise medical practitioners treating patients with such pathogenic illnesses as tick-borne disease, patients have been very restrained in not lodging malpractice complaints against the mainstream doctors who have made terrible and dangerous errors of judgement in the course of their care. a) Apart from the fact that the medical boards would become too busy to victimise the medical practitioners treating pathogenic illnesses, why should patients not systematically set about lodging malpractice complaints against all the mainstream medical practitioners who have made serious and dangerous errors of judgement in the course of the patients' attempts to access medical assistance? b) Where are the guidelines and protocol for GPs who find that no specialists will take on and manage the care of their seriously ill patients? c) Patients are distressed at their treating doctors' patient notes being seized. This is an unacceptable invasion of their privacy. There are no regulations on the treatment of many of the conditions that these doctors are attempting to treat. When will the DoH provide guidelines and education for Australian medical practitioners on the orphan diseases and the diseases here but yet unnamed?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000777	1 - Population Health	Madigan, John	DLP	NHMRC - Conflicts of Interest	<p>(Preamble: Professor Kelso, your predecessor Professor Warwick Anderson presided over a period of time where there was an abject failure by the NHMRC to prevent commercial and other conflicts of interest in its selection of experts. The acoustic expert chosen to peer review the NHMRC's Rapid Review of the evidence in 2010 was Professor Geoffrey Leventhall. Professor Leventhall told the recent senate inquiry I chaired that he was not required by the NHMRC to disclose any commercial conflicts of interest. Professor Leventhall has given paid expert court evidence on numerous occasions for wind developers in the USA, Canada and New Zealand. The second NHMRC appointed acoustic expert, Dr Norm Broner, was the sole acoustic expert chosen by the NHMRC as part of the Expert panel. Dr Broner has done a lot of work for wind power developers in Australia, as has his former firm, Sinclair Knight Mertz. The existence of Dr Broner's commercial conflicts of interest were raised by me in senate estimates eighteen months on 26th February, 2014. These commercial conflicts of interest are vital to prevent, because they can lead to bias in favour of the wind industry, at the expense of the health of the community. There is one stark example which has especially affected the scientific integrity of the advice given to governments and the Australian and international community by the NHMRC and its chosen experts. In responding to my last question about the failure of the NHMRC Expert panel to include the important research evidence from NASA affiliated researchers led by Dr Neil Kelley from thirty years ago, which clearly established a direct causal relationship between pulsing wind turbine infrasound and low frequency noise, and the sleep disturbance and other symptoms reported by some residents, Dr Broner said that the research was not of "direct" relevance. It is clear that Dr Broner's commercial conflicts of interest and his close association with the global wind industry have affected his professional judgment about what is of "direct relevance". The conduct of Dr Broner and the advice given by the rest of the so called Expert Panel has seriously damaged the reputation of the NHMRC, and has resulted in the NHMRC issuing advice which is scientifically false, and therefore misleading to Australian governments. Serious and ongoing harm to the health of Australian rural residents is the result. 1. With this background, any such commercial and other conflicts of interest must be prevented in future by the NHMRC.) 2. What steps are you taking, as CEO, to ensure that there are NO FUTURE commercial conflicts of interest in any of the work conducted by the NHMRC, especially in this area? 3. What steps are you taking, as CEO, to ensure that the community and government are fully informed about ALL conflicts of interest, be they commercial, ideological, or any other, which may affect the integrity of the NHMRC's decisions especially in this area, and in particular in any research which is funded by the NHMRC? 4. Could you please provide the identity of each of those NHMRC appointed experts who are deciding who gets the research funding which the Federal Government has previously allocated, along with their full disclosures of any possible conflicts of interest? 5. Will you, as CEO of the NHMRC, guarantee to rural residents, that there will be complete integrity in the conduct of the researchers selected? 6. Will you commit to fully investigating any examples of impropriety, dishonesty, or conflicts of interest in either those on the selection panel or the researchers selected are raised by community members, Senators, or anyone else, and making those investigations publicly available to affected parties? 7. Will you guarantee that if any conflicts of interest, dishonesty or other impropriety are demonstrated that research grant recipients will be immediately forced to relinquish their funding in order to maintain public confidence in the NHMRC's own integrity, and the conduct of taxpayer funded researchers? 8. Recent Fairfax media reports earlier this week have suggested that the NHMRC may choose not to fund any research? Is this correct? 9. Why would the NHMRC not choose to work with the researchers to modify the research proposals if there are valid methodological problems identified with the research project proposal which might otherwise receive funding and provide useful information to government authorities to protect the health of Australian rural residents through improved siting and wind turbine noise pollution regulation? 10. Furthermore, why is the NHMRC not publicly committing to putting the research proposal or proposals submitted by the various researchers out for peer review and public comment, prior to a final decision? Health Canada did so. The fact that Health Canada took no notice of recommendations from credible independent experts and researchers who were not commercially conflicted with respect to the wind industry is another separate issue but at least there was the opportunity for public scrutiny and comment ...</p>	Written
SQ15-000778	1 - Population Health	Madigan, John	DLP	Nanomaterials in Food	<p>On three occasions in Estimates questions on notice, FSANZ has been asked whether it believes nanomaterials being used in food are safe. On two occasions you failed to answer, simply noting that you are 'not aware' of any nanomaterials being unsafe for human consumption. The third time you were asked you indicated that information about foods that are potentially unsafe should be directed to the relevant state agency (SQ14-001345). 1. Would FSANZ agree it's answer to the question at Estimates on 21 October 2015 that there is no evidence to suggest that nano silica isn't safe is very different from saying that nano silica is safe for human consumption? 2. Is it the view of FSANZ that the intentional use of nano titanium dioxide in food products is safe? 3. In your reply to a recent story in the Sydney Morning Herald you comment online that FSANZ has "not identified any health effect known to be associated with the use of nanoparticles of titanium dioxide and silica, following oral ingestion in foods". Could you clarify if this refers solely to health effects in studies looking at human health impacts associated with oral ingestion by humans of nanoparticles of silica or TiO2 in food? (as opposed to animal or in vitro studies)? 4. Would you agree that 'not identifying any health effect' is entirely different from a conclusion of safety? 5. What studies or data is FSANZ aware of that suggests or demonstrates that oral ingestion of nanoparticles of titanium dioxide or silica in food is safe? Could these be tabled please? 6. Is there, in FSANZ's view, sufficient data to make a finding that the consumption of intentionally produced nano silica and nano titanium dioxide in food are safe? 7. If yes, what studies are these conclusions based on? 8. In circumstances where there is inadequate data to make a finding of safety in relation to the use of nanoparticles in food, what are manufacturers expected to do – should they apply for pre-market testing and approval or just go ahead and commercialise? 9. For any of the 14 products containing nanoparticles found on Australian shelves, have the manufacturers established the safety of the products that are now being sold? 10. Have you contacted these manufacturers in order to review or asked to review the data upon which they are relying in putting these products on the market in Australia? 11. Do you plan to?</p>	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000779	0 - Whole of Portfolio	Ludwig, Joe	ALP	Departmental Rebranding	1. Has the department/Agency undergone a name change or any other form of rebranding since the leadership change in September, 2015? If so: a. Please detail why this name change / rebrand were considered necessary and a justified use of departmental funds? i. Please provide a copy of any reports that were commissioned to study the benefits and costs associated with the rebranding. b. Please provide the total cost associated with this rebrand and then break down by amount spent replacing: i. Signage. ii. Stationery (please include details of existing stationery and how it was disposed of). iii. Logos iv. Consultancy v. Any relevant IT changes. vi. Office reconfiguration. c. How was the decision reached to rename and/or rebrand the department? i. Who was involved in reaching this decision? ii. Please provide a copy of any communication (including but not limited to emails, letters, memos, notes etc) from within the department, or between the department and the government regarding the rename/rebranding. 2. Following the changes does the department share any goods/services/accommodation with other departments? 3. What resources/services does the department share with other departments; are there plans to cease sharing the sharing of these resources/services? 4. What were the costs to the department prior to the Machinery of Government changes for these shared resources? What are the estimated costs after the ceasing of shared resource arrangements?	Written
SQ15-000780	0 - Whole of Portfolio	Ludwig, Joe	ALP	Staffing - Employment of Non-Australian Citizens	I refer you to section 22 (8) of the Public Service Act 1999 which says: "An Agency Head must not engage, as an APS employee, a person who is not an Australian citizen, unless the Agency Head considers it appropriate to do so." 1. Does the department have guidelines or similar to assist Agency Heads to assess when it is appropriate to hire non-Australian citizens? If no, do individual agencies have their own guidelines? If yes to either: a) Please provide a copy. b) When did they come into effect? c) Can Agency Heads decide to go against the advice? If yes, under what circumstances? 2. Are Agency Heads required to provide a reason to anyone for hiring non-Australian citizens? If yes: a) Who are they required to report the reason to? b) Does this reporting happen before or after the hire has been made? c) Is this reason provided in writing? If no, how is it provided? d) Can you please provide a list of reasons that have been used since the Federal election in September, 2013. 3. Are there any provisions to over-rule a Head of Agency's decision to hire a non-Australian citizen? If yes: a) Who can over-rule this decision? b) Under what circumstances can it be over-ruled? c) How many times has this occurred since the Federal election in September, 2013.	Written
SQ15-000782	0 - Whole of Portfolio	Ludwig, Joe	ALP	Ministerial Personalised Stationery	Since the leadership change in September, 2015, how much has been spent by the Ministerial office on personalised stationery for the Minister and the Minister's staff? Please provide a cost breakdown by type of stationery purchased and the quantity of each and whether it was for the Minister or for staff	Written
SQ15-000785	4 - Acute Care	McLucas, Jan	ALP	Independent Hospital Pricing Authority	To how many hospitals does the national efficient cost apply?	74 - 21/10/15
SQ15-000786	7 - Health Infrastructure, Regulation, Safety and Quality	Peris, Nova	ALP	Palmerston Hospital	a) Did that report [from the NT Government on Palmerston Hospital] include detailed engineering plans? b) Did that design package include a complete fit-out of the hospital? What did the design package look like?	6 - 21/10/15
SQ15-000787	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Palmerston Hospital	What does "base of building" mean?	9 - 21/10/15
SQ15-000788	0 - Whole of Portfolio	McLucas, Jan	ALP	Medical Research Future Fund	a) When will appointments be made to the MRFF Advisory Board? b) When is it expected applications will first be invited to apply for MRFF funding? c) When is it expected the first disbursement from the MRFF will be made? d) How many departmental staff are assigned to the development and administration of the MRFF? e) How will members of the MRFF Advisory Board be remunerated?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000789	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Will there be any change to the announced cuts to the Aged Care Workforce Fund and Aged Care Service Improvement and Healthy Ageing Grants Fund as a result of them being absorbed into the Department of Health	Written
SQ15-000790	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Palmerston Hospital	Can this committee then receive some information about what has transpired [following discussion of concrete pour with NT officials]?	10 - 21/10/15
SQ15-000791	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	Palmerston Hospital	Nonetheless, it would be very useful if we could get the milestones as public and the definition that is available, publicly, on those milestones.	11 - 21/10/15
SQ15-000793	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	CDBS – Services	Can you break those down by ASGC classifications?	47 - 21/10/15
SQ15-000795	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	CDBS – Services	Do you have them by postcode?	47 - 21/10/15
SQ15-000792	0 - Whole of Portfolio	McLucas, Jan	ALP	QoNs	Which questions on notice were amended in the Minister's office	Written
SQ15-000796	0 - Whole of Portfolio	McLucas, Jan	ALP	QoNs	When were the 10 outstanding QoNs that were tabled on 20 October finalised by DoH? What is the reason they were not provided on time	Written
SQ15-000797	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	CDBS – Average Gap Payment	What is the average gap payment?	47 - 21/10/15
SQ15-000798	1 - Population Health	Xenophon, Nick	IND	NHMRC grant application assessment process	Referring to an article published in The Australian on 29th of July this year titled 'Pedantic' assessment slammed which informs that a grant application to the National Health and Medical Research Council was rejected because its header was 0.2mm smaller than it should have been. What is the NHMRC doing to reduce the administrative burden on grant applicants?	Written
SQ15-000799	0 - Whole of Portfolio	McLucas, Jan	ALP	MoG changes	Please outline the portfolio responsibilities of the Minister for Health, Aged Care and Sport; Minister for Rural Health; and Assistant Minister for Health, including the agencies they have oversight of and Acts they are responsible for	Written
SQ15-000800	0 - Whole of Portfolio	McLucas, Jan	ALP	MoG changes	How many staff have transferred from the Department of Social Services to the Department of Health	Written
SQ15-000801	0 - Whole of Portfolio	McLucas, Jan	ALP	MoG changes	How have staff who have transferred from the Department of Social Services been incorporated into the DoH's IT systems. Please detail all new and additional equipment that has been purchased	Written
SQ15-000802	5 - Primary Health Care	McLucas, Jan	ALP	PIR Clients eligible for an NDIS Tier 3 package in Hunter PIR	How many of the people who are currently receiving services through PIR in the Barwon and Hunter trial sites of the NDIS have applied for and been successful in getting a tier 3 package?	63 - 21/10/15
SQ15-000804	5 - Primary Health Care	McLucas, Jan	ALP	National Mental Health Service Planning Framework	Yes, I would very much like to know how much we have spent on it.	65 - 21/10/15
SQ15-000803	0 - Whole of Portfolio	McLucas, Jan	ALP	MoG changes	How many staff have physically relocated as part of the DSS merger into DoH. Will any additional office accommodation be required. If so please detail what and its cost	Written
SQ15-000805	1 - Population Health	Xenophon, Nick	IND	NHMRC grant application assessment process	What is the NHMRC doing to reduce internal red tape and administrative costs associated with grant application assessments?	Written
SQ15-000806	5 - Primary Health Care	McLucas, Jan	ALP	headspace	Could I have a list of the operational ones, please, on notice. And also the number that will bring it up to the 100. Have the locations of those all been identified? So I would like two lists—operational and to be operational.	65 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000807	1 - Population Health	Xenophon, Nick	IND	NHMRC grant application assessment process	The Queensland University of Technology and University of Melbourne researchers have found that a simplified assessment process could save NHMRC between \$2million and \$5million per year, money that could be reinvested in more research grants. Is the NHMRC aware of this process proposed by QUT? - If yes, what considerations have been made to adopt such cost savings initiatives? - Wouldn't the NHMRC agree that \$2million to \$5million per year in research grants could go a long way?	Written
SQ15-000808	5 - Primary Health Care	Moore, Claire	ALP	headspace	Can we have expected dates on the others? Just what you can give us—when you give us the second list perhaps you can indicate any kind of expectation of when they will be working.	65 - 21/10/15
SQ15-000809	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	How many organisations funded through the Flexible Funds have been granted extensions to their grants. Please detail these organisations and the length and quantum of their extension	Written
SQ15-000810	1 - Population Health	Xenophon, Nick	IND	NHMRC	The article states that the NHMRC has argued that a simplified process risks compromising the integrity of the system. "Reducing the number of reviewers or the information required in the proposal would likely compromise NHMRC's ability to select the best proposals from a field of so many excellent ideas" however on the contrary a study published in the British Medical Journal found very a process involving just two reviewers who independently reviewed just the proposals, not track record, as agreeing 74% of the time in comparison to a panels of seven reviewers who met face-to face to review proposals and track record as agreeing only 72% of the time, further from the 75% target. What evidence does the NHMRC have that reducing the number of reviewers would compromise the process?	Written
SQ15-000811	4 - Acute Care	Polley, Helen	ALP	Mersey Hospital	The member for Braddon, Mr. Whitely, has also publicly stated that, in his view, the ownership of the Mersey should be handed back to the state government. Has the department received any correspondence from the member for Braddon? Is this under consideration?	69 - 21/10/15
SQ15-000812	4 - Acute Care	Polley, Helen	ALP	Mersey Hospital	Do you [Minister Nash] "have some clarification as to what the thinking of the government is in relation to the Mersey Community Hospital?"	69 - 21/10/15
SQ15-000813	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Australian Organ and Tissue Authority	Senator McLUCAS: This is more of a question to the department: how much money has been spent to date by the Organ and Tissue Donation Authority, the National Blood Authority and the Department of Health to prepare for the merger between OTA and the Blood Authority?	104 - 21/10/15
SQ15-000814	7 - Health Infrastructure, Regulation, Safety and Quality	McLucas, Jan	ALP	Australian Organ and Tissue Authority	Senator McLUCAS: In one of our questions on notice, No. 542, you detailed that, in relation to organ and tissue donation, on 29 May 2015 there was a correction made to the 26 May 2015 media release. What was that? Senator Nash: From memory—and I am happy to check—there were two issues. One was a typographical error that we corrected; the other was around some information that there was some disagreement about, so that was removed from the media release. But I am happy to clarify exactly what that was. Senator McLUCAS: Could we have a copy of both the original 26 May document and the corrected 29 May document?	106 - 21/10/15
SQ15-000816	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	The department referred in Senate Estimates to around 3,000 organisation receiving grants under the Health Flexible Funds. Could we be provided with a complete list of these organisations?	Written
SQ15-000815	1 - Population Health	Ludlam, Scott	AG	NHMRC - ME	I will put these to you, Mr Bowles: in terms of outside NHMRC grants, is there any Commonwealth support for people with this condition that you are aware? First of all, I presume you are aware of it?	116 - 21/10/15
SQ15-000817	0 - Whole of Portfolio	McLucas, Jan	ALP	Flexible Funds	Were any of the seven answers to questions on notice regarding Health Flexible provided the day before Estimates altered by the minister;s office, and if so, explain the content of these changes	Written
SQ15-000818	7 - Health Infrastructure, Regulation, Safety and Quality	Siewert, Rachel	AG	Review of the Gene Technology Regulations 2001	I would like to ask if you could table attachment A to the document MS15001381 and attachment B to that document, if those are available, both the legal basis for the technical reviews of schedule 1 and schedule 1A of the GT Regulations.	102 - 21/10/15
SQ15-000819	1 - Population Health	McLucas, Jan	ALP	Tobacco control	How does Australia compare to other countries in terms of tax on tobacco products? If possible can this information be provided in a table showing comparative rates	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000821	1 - Population Health	McLucas, Jan	ALP	Bowel Cancer Screening	What consideration has been given to including information sent to people participating in the National Bowel Cancer Screening Program concerning false negatives?	Written
SQ15-000822	1 - Population Health	Xenophon, Nick	IND	Safety of nanoparticles	(a) FSANZ has consistently claimed that the best predictor of the safety of nanoparticles is whether they are safe at conventional scale. Does FSANZ still maintain that this is the case? (b) And does FSANZ maintain that this is true of both nano titanium dioxide and nano silica? (c) I also refer to the policy position of the Public Health Association which says there is a growing body of evidence showing nanotechnology may potentially pose significant health, safety and environmental hazards. Does FSANZ consider that nanoparticles could be "potentially unsafe"? (d) What controls exist under the current risk assessment framework to assess the safety of these materials? (e) Is FSANZ planning on now conducting testing or surveying food importers and makers to determine the presence of these materials?	Written
SQ15-000820	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	a) How many staff will be transferred back to the Department of Health from the Department of Social Services as a result of machinery of Government changes? b) Will there be any reduction in staffing? If so, please outline from where, what level and the numbers? c) Will there be an increase in staffing?	Written
SQ15-000823	1 - Population Health	McLucas, Jan	ALP	Bowel Cancer Screening	Has consideration been given to providing additional information to people who have receive a negative result under the National Bowel Cancer Screening Program who might be at higher risk of bowel cancer?	Written
SQ15-000825	1 - Population Health	Xenophon, Nick	IND	Safety of silica and titanium dioxide	FSANZ has stated that it "is not aware of any information that suggests different particle sizes of titanium dioxide" may be more likely to produce adverse health effects. In one IARC monograph on titanium dioxide, the authors note that "nanoscale TiO2 elicited a significantly greater increase in chemokines (associated with pulmonary emphysema and alveolar epithelial cell apoptosis) than did the microscale TiO2." Another IARC monograph from 2010 on TiO2 noted that "In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium dioxide." (a) In light of conclusions such as these and the growing body of peer reviewed literature indicating various potential health concerns with nano forms of silica and titanium dioxide, would FSANZ agree that this is evidence that nano sized particles behave differently than those at conventional scale and this may result in health impacts? (b) Is FSANZ aware that in 2006, the IARC (of the WHO) declared titanium dioxide a possible carcinogen as a result of inhalation? In 2010, the IARC indicated that determining the carcinogenicity of nano TiO2 through other exposure pathways – including oral ingestion – was a priority? (c) Is FSANZ aware that both nano titanium dioxide and nano silica are being reviewed by the EU Chemical Agency (ECHA) because of concerns regarding impacts on human health from exposure to these nano chemicals? (d) And is FSANZ aware of the growing number of peer reviewed studies showing impacts in animal and in vitro studies – including on cells and DNA - as a result of the ingestion of these nanoparticles? (e) Is FSANZ familiar with the recent review by the European Commission's Scientific Committee on Consumer Safety of 4 kinds of nano silica used in cosmetics that was unable to make a finding of safety because the data was so inadequate? (f) Would you agree that these studies, reviews and findings suggest that both nano silica and nano titanium dioxide "may present safety concerns" such that a manufacturer should be submitting any product containing nano titanium dioxide or nano silica to FSANZ for pre-market safety assessment and approval?	Written
SQ15-000824	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	What is the cost of the MoG changes? How does this compare to previous MoG changes, which occurred following the 2013 election?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000826	1 - Population Health	Xenophon, Nick	IND	Safety assessments	(a) FSANZ has told Parliament that any new food manufactured using nanotechnologies "that may present safety concerns" will undergo a "comprehensive scientific safety assessment" before they can be sold in Australia. Is that correct? (b) What are the FSANZ criteria for determining whether a study or a collection of studies is sufficient to raise what is after all a very low threshold for pre-market testing and approval? (May present safety concerns) (c) And have manufacturers been informed of these criteria?	Written
SQ15-000828	1 - Population Health	Xenophon, Nick	IND	Friends of the Earth article on nanotechnology	I refer to the recent Sydney Morning Herald news article and information from Friends of the Earth regarding new research showing evidence of widespread use of nano ingredients in popular food products. The articles states: For many years, FSANZ has claimed there is "little evidence" of nanotechnology in food because no company has applied for approval. It has therefore not tested for nor regulated the use of nanoparticles. Friends of the Earth commissioned tests that found potentially harmful nanoparticles of titanium dioxide and silica in 14 popular products including M&Ms, Woolworths white sauce and praise salad dressing. (a) How does FSANZ respond to these findings? (b) Does FSANZ consider there is conclusive evidence suggesting nano-titanium dioxide and nano-silica are completely safe to eat? I note these chemicals have been shown to interfere with the immune system and cause cell damage? (c) In the news article FSANZ is quoted as telling Fairfax Media it had not identified any health impacts linked with the consumption of these nanoparticles. (i) What investigations and or monitoring had FSANZ undertaken to come to this conclusion? (ii) Given these new findings, what actions has FSANZ taken? I note in the FSANZ states: "If FSANZ became aware of a potentially unsafe food or ingredient, we would conduct a risk assessment and recommend appropriate control measures".	Written
SQ15-000829	1 - Population Health	Xenophon, Nick	IND	FSANZ Review of nanotechnology	I understand FSANZ has commissioned a review of nanotechnology in food. (a) What is the status of the review? (b) Will there be public consultation or the opportunity for groups such as FOE to contribute?	Written
SQ15-000827	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	a) Please outline the process for undertaking the transfer from DSS to DoH? b) What is the time frame that has been established? c) Please outline what has been achieved to date and what has yet to be undertaken?	Written
SQ15-000830	1 - Population Health	Xenophon, Nick	IND	EU nanotechnology developments	I understand in the EU, all ingredients present in the form of engineered nanomaterials are to be clearly indicated in the list of ingredients with the names of such ingredients followed by the word 'nano' in brackets. Has FSANZ considered the potential of a similar scheme here?	Written
SQ15-000831	1 - Population Health	Xenophon, Nick	IND	Ice addictin treatment and rehabilitation services	As I highlighted in my submission to the National Ice Taskforce, families of ice addicts have reported to me that government-funded or subsidised detox programs are insufficient in number and non-located where there is high demand such as in regional and rural centres. Can you advise of how much funding has been allocated to ice addiction treatment and rehabilitation services in the past decade (breakdown by year)? Does the Department have available data on allocation of funding: - By state or territory, - By metropolitan, regional and rural area?	Written
SQ15-000833	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	I have been told by South Australian family members of Ice users that established government-funded services have lengthy waiting periods and some are even closing down. a) Is the Department aware of any of these facilities that have closed down in the past 3 years? b)Can the Department please provide a list of these facilities. What is the Department's understanding of waiting periods for public rehabilitation services?	Written
SQ15-000834	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	Is the Department aware that as a result of government-funded services closing down, private programs in Australia and overseas in countries like Thailand are meeting the demand for timely, evidence-based treatment?	Written
SQ15-000835	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	Families report up-front costs in excess of \$40,000 for treatment, which would clearly be prohibitive for many Ice addicts and their families. Has the Department conducted any modelling on offering a subsidy for private programs such as these?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000836	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	As at 2011, there were just four ice rehab clinics in Australia. Does the Department have any updated information on how many ice rehabs there currently are across the country? -Are these facilities Government funded? -Has the Department conducted any modelling on increasing the amount of rehabilitation services and ice specific services?	Written
SQ15-000832	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	a) Will former DSS staff have the same pay and conditions as DoH staff? Or is there a separate enterprise agreement? Please outline the differences (if any) b) Will former DSS staff be transferred to equivalent band levels? c) Will they receive more or less pay than their peers who are in DoH?	Written
SQ15-000838	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	I understand the Government is now providing funding on a 12-month basis only. Has the Department provided advice to government of the implications of providing this funding on a 12-month basis? -Has the Department conducted modelling on longer-term funding to services?	Written
SQ15-000837	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	6th CPA	a) Can the department provide us with figures on the change in price for general consumers of the 10 most commonly prescribed medicines as a result of the move to the new Administration, Handling and Infrastructure fee, b) Could we have a list of the DPMQ of the 10 most commonly prescribed medicines before and after the introduction of the new pricing arrangement?	Written
SQ15-000839	1 - Population Health	Xenophon, Nick	IND	Ice addiction treatment and rehabilitation services	Does the Department have data on the incidences of ice use in metropolitan versus regional and rural areas? Can you provide this?	Written
SQ15-000840	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	a) What programs or operational matters are likely to change as a result of the MoG change? b) Will any programs be lost or gained? c) Will there be any programs or funds that will be rolled into existing Health functions?	Written
SQ15-000841	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	I refer to the German newspaper 'Der Spiegel' which had a 15-page report in October 2015 on the machinations behind the power elite of German football following what is, essentially, a 15-year investigation by German investigative journalist, Jens Weinreich. I understand Governments are required to sign-off on Government Guarantees which are a series of guarantees covering areas such as tax, entry and exit permits, indemnity, work permits, foreign exchange operations, customs and passport control and so forth. I understand these guarantees as part of a bidding nation's bidding agreement submitted prior to the bid being considered. Did the Australian Government sign the Government Guarantees issued by FIFA for the 2018/2022 World Cup bids? If yes, who signed them on behalf of the Australian Government? Were there any amendments, caveats or side letters to the Agreements? If so, what were they in relation to?	Written
SQ15-000842	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	In a submission to the Senate Economics References Committee inquiry into overseas bribery, anti-corruption campaigner, the Australian sportswear company founder Jamie Fuller (company called 'SKINS'), has urged examination of the \$15 million of taxpayer funds paid by the FFA to three European consultants hired to devise and execute strategy for Australia's bid. (reported in the Fairfax on 24 September 2015 and in Fuller's submission to the inquiry under his company name 'SKINS') In the submission he urges the committee to question the FFA over the \$151,250 paid each month for two years to German lobbyist Fedor Radmann and to investigate whether any of this money went to any FIFA executive committee members in 2009 and 2010, as well as the \$60,000 per month paid to controversial bid strategist, Mr Hargitay and the \$8 million paid to a colleague of Mr Radmann's to devise Australia's official "bid book". Has the Commission examined these payments in any detail in terms of to what purpose they were used and whether they complied with Commonwealth anti-corruption and other probity requirements? Has the Commission sought further information from FFA in relation to these payments?	Written
SQ15-000843	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup Bid	I refer to the Herald Sun story on 28 September 15 and the AFP statement on 27 September 15. Has the Commission been working with the current AFP investigation into the FFA World Cup bid? What has this involved? Is it on-going?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000845	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	On June 3 this year I wrote to the Auditor-General requesting his office examine the provision of financial assistance by the Australian Government to support the FFA bid. In particular, I highlighted the issue of an approx. \$500 000 payment made by FFA in 2010 to the Confederation of North, Central America and Caribbean Association Football (CONCACAF), whose former President was Mr Jack Warner. It's widely accepted that the payment made its way to Mr Warner and was not used to further football facilities in the region. The response from Auditor-General Grant Hehir, on 2 September 15, outlined a problem identified by the Commonwealth with that payment. The payment had initially been claimed by FFA as part of the publicly funded bid process, with little or no explanation provided, as part of its sixth progress report dated 17 December 2010, covering the period 1 August 2010 to 3 December 2010. In January the Deputy Secretary of the Department of PM & C wrote to the then-FFA Chief Executive outlining the Government's concerns with the claim for the payment, including that it was "of such significance (and) was made without specific discussions with the Commonwealth" and the Department "requested full details of the background, rationale and process leading to the payment, as a matter of urgency". Subsequent meetings between the Commonwealth (PM&C) and FFA led to the FFA lodging a revised progress report on 16 February 2011 in which it no longer claimed the \$500,000 payment back from the Commonwealth. Was the Commission aware of this issue at the time?	Written
SQ15-000844	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	Will there be any funding cuts or reductions in order to address budgetary constraints elsewhere in the Department of Health?	Written
SQ15-000846	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	Brand substitution including biosimilars	a) How many biologics have been 'a' flagged in the USA for substitution at the pharmacy level? b) The Government has budgeted \$880m in savings from 'a' flagging biologics. Could the Department provide a breakdown of that figure the current year, and for each year of the forward estimates? c) Can the Department confirm that if a GP ticks the box, 'brand substitution not permitted' on a patient prescription then it can't be substituted at the pharmacy level? d) In regards to evidence provided to the Department at estimates in regards to 'a' flagging in hospitals, can the department provide the committiee with figures on how many biological medications are interchanged in hospitals and what do they treat? How widespread is the interchangeability of biologics in hospitals as a percentage of all medications that are dispensed in hospitals? c. What is the total spend on interchangeable biologics in hospitals? e) How widespread is the interchangeability of biologics in hospitals as a percentage of all medications that are dispensed in hospitals? What is the total spend on interchangeable biologics in hospitals?	Written
SQ15-000848	0 - Whole of Portfolio	Polley, Helen	ALP	Machinery of Government (MoG)	a) Please outline the rationale for moving Ageing and Aged Care to the Department of Social Services? What were the advantages and of having Ageing and Aged Care in DSS? What were the limitations? b) Please outline the rationale for moving Ageing and Aged Care back to the Department of Health? What benefits will be gained?	Written
SQ15-000847	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	What did FFA tell the Government in terms of an explanation for the payment and the reason it claimed it as part of Commonwealth funding? Was the Commission aware of this at the time of the last Estimates in June 2015, when officials were questioned about the \$500,000 payment?	Written

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SQ15-000851	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	At the last Senate Estimates I asked a series of questions about this payment and the overall funding of the Commonwealth for the bid. Departmental officials repeatedly told the committee that there was "no evidence" of co-mingling of FFA funds used for this payment, and bid funds provided by the Commonwealth. The Department was satisfied at the acquittal of public funds, the Committee was told. In a follow-up letter to the Committee by Deputy Secretary of the Health Department Andrew Stuart, it was again said that "The Department is not aware of any evidence of co-mingling of funds" and goes on to say that "in light of the issues raised" the Department is writing to FFA "to obtain further assurance in relation to the payment to CONCACAF". On the face of it, is it a bit of a stretch to say that the Department wasn't aware of any evidence of any co-mingling, given the attempt by FFA in December 2010 to claim the \$500,000 in the first instance? Isn't that attempt by FFA to claim the \$500,000 payment on the tax payer evidence of co-mingling of funds – because it was trying to use tax payer funds for bid activities for which it wasn't appropriate? Is the Department aware of any other attempts by FFA to bill the tax payer for payments as part of the World Cup bid that could not be justified under the rules for the acquittal of public money? Why didn't the Department tell the Committee back in June about this issue, either in its evidence in the hearing or in the follow-up letter from Deputy Secretary Mr Stuart?	Written
SQ15-000849	2 - Access to Pharmaceutical Services	McLucas, Jan	ALP	PBS prescriptions	Can the Department provide the committee with the number of GP prescriptions issued in 2013/14 and 2014/15 for all medications?	Written
SQ15-000852	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	Has the Department – or the Government more generally - launched a review or audit of its dealings with FFA as part of the World Cup bid, to thoroughly check how things were done?	Written
SQ15-000853	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	Is the Department aware of any request for documents from the US Department of Justice or FBI in relation to payments made as part of a FIFA bidding process?	Written
SQ15-000850	0 - Whole of Portfolio	Polley, Helen	ALP	Ministers	a) Provide an outline of the Ministerial responsibilities for Minister Ley, Nash and Wyatt, including the outcomes, programs and legislative areas each Minister will have responsibility or oversight of. Mr Bowles indicated that Mr Wyatt would have responsibility for aged care, predominantly. Please confirm if this is the case. b) Specifically, for what areas of Aged Care will Mr Wyatt be responsible? Will he have operational responsibility? If it is shared by various Minister, please outline who has carriage of each area. c) Which Minister will be responsible for Ageing?	Written
SQ15-000854	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	MBS Review	a) The head of the MBS Review Professor Robinson has suggested as much as 30% of MBS expenditure is "not necessary, wasteful, sometimes even harmful for patients". The Minister has on a number of occasions referred to this quote in both media releases and in interviews. Has the Department provided information to the minister on a more accurate figure for Australian MBS expenditure? b) What is the basis of the claim by the head of the MBS Review Professor Robinson that as much as 30% of MBS expenditure is "not necessary, wasteful, sometimes even harmful for patients". c) Did the draft media release prepared by the Department on the latest stage of the MBS review include the quote from Professor Robinson suggesting as much as 30% of MBS expenditure "not necessary, wasteful, sometimes even harmful for patients". d) Prior to the announcement of the latest stage of the MBS Review the Minister's office distributed to a number of media outlets, in confidence, a document of cases studies which were alleged to be examples of MBS Expenditure that was "not necessary, wasteful, sometimes even harmful for patients". What involvement did the Department have in the preparation of this document?	Written
SQ15-000855	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup bid	Has the Department had this payment – and all payments funded by the Commonwealth during the bid process - assessed as to whether it breaches Australia's anti foreign corruption legislation, the OECD Convention on Combating Bribery of Foreign Public Officials in International Business Transactions (OECD Convention), or the United Nations Convention against Corruption (UNCAC)?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000856	11 - Ageing and Aged Care	Polley, Helen	ALP	Numbers of People in Aged Care	a) Minister Ley has quoted on numerous occasions that "five per cent of people are in residential aged care" Please outline if this is five per cent of all Australians? All Australians within a certain age bracket? Or all those accessing aged care services? b) Please outline how many people across the nation and state by state are accessing the Commonwealth Home Support Program; Home Care Packages; and Residential Aged Care and what proportion they make up.	Written
SQ15-000858	11 - Ageing and Aged Care	Polley, Helen	ALP	PHNs	Please outline how Primary Health Networks will be involved in various aspects of aged care, including being given responsibility for commissioning aged care services. When is this likely to take place? What consultations will take place prior to this? Who will be included in these consultations? Will PHNs be able to provide a representative to the Aged Care Sector Committee?	Written
SQ15-000857	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	The Department reported in Supplementary Estimates that a small number of patients would be adversely affected by higher out of pocket costs as a result of the proposed changes to the Medicare Safety Net. Could the Department outline who it expects these patients to be.	Written
SQ15-000859	11 - Ageing and Aged Care	Polley, Helen	ALP	Aged Care Sector Committee	Please outline whether all positions on the Aged Care Sector Committee have now been filled? If so, who is the new board member? Please provide a short biography	Written
SQ15-000860	11 - Ageing and Aged Care	Polley, Helen	ALP	Gateway	a) Please provide details of call centre waiting times from highest to lowest, week by week, from 1 July 2015 - 31 October 2015, including shortest and longest. b) Please include the number of calls that dropped out. How long were they on-hold before dropping out? c) Please outline the numbers of calls received during the same time frame? Please include the general nature of the call (e.g., residential aged care enquiry, home care package, CHSP, means test, ACAT, complaint etc.) d) How many of these calls resulted in referrals to providers?	Written
SQ15-000862	11 - Ageing and Aged Care	Polley, Helen	ALP	Gateway	a) What additional costs have been incurred to recruit more staff for the My Aged Care call centre? b) Where is the call centre located? c) How many staff are employed? d) What experience and qualifications are required by staff? e) What training is provided? f) How many providers are able to accept referrals through My Aged Care? g) What is being done to ensure all providers come on line? h) How many referrals are going to providers month by month? i) What is being done to ensure all providers are being given equal access to referrals through the My Aged Care portal? j) What is being done to measure provider, stakeholder and consumer satisfaction with My Aged Care, including the referral process?	Written
SQ15-000863	11 - Ageing and Aged Care	Polley, Helen	ALP	Remote and Rural (Aged Care)	a) What analysis has been done to quantify the additional cost of providing services to clients in remote and rural areas? b) When was this modelling / analysis undertaken? Has it been released? If not, please table this with the Committee.	Written
SQ15-000865	11 - Ageing and Aged Care	Polley, Helen	ALP	PCEHR (Aged Care)	As aged care provides health services second only to the state health systems by volume, will the government support aged care providers with funding to integrate their systems with the PCEHR as it has done for private hospitals? If so, how much will be provided? If not, why not?	Written
SQ15-000864	1 - Population Health	Siewert, Rachel	AG	GM feeding studies statements	FSANZ (Food Standards Australia New Zealand) has self-published two statements on its website that are critical of a published and peer-reviewed study by Carman et al (A long-term toxicology study on pigs fed a combined genetically modified (GM) soy and GM maize diet. 2013): (a) Who wrote the FSANZ response? (b) What relevant qualifications did the authors have? (c) Were there any contributors to the FSANZ response from outside FSANZ? (either as authors or reviewers)? Please identify these external contributors, as well as any affiliations. (c) Has FSANZ responded to subsequent correspondence from Dr Carman and Howard Vlieger, identifying a number of incorrect statements in FSANZ's response? (d) Was FSANZ's work based on peer reviewed literature? If yes, are these referenced in the response? (e) Why didn't FSANZ require extensive data to be provided to them in relation to the pig toxicology piece?	Written
SQ15-000861	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	Can the department provide any modelling on the predicted impact of the changes to the Medicare Safety net to IVF patients. In particular on what impact this will have on multiple births, and the number of IVF cycles per patient.	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000866	11 - Ageing and Aged Care	Polley, Helen	ALP	My Aged Care Referrals	a) Are the client records going onto the My Aged care system? are they accessible by: consumers or their representatives? call centre operators? assessors and service providers? primary health providers? b) Who inputs the data? Is it the GP? The assessor? c) Is the information up to date and accurate? d) What is being done to ensure the information is accessible by relevant parties and is accurate?	Written
SQ15-000867	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	The Department reported in Supplementary Budget Estimates that psychiatric patients "would need very, very frequent access to a psychiatrist at well above average cost to engage with the safety net. " Could the Department provide a precise figure for what is meant by "very, very frequent"	Written
SQ15-000868	11 - Ageing and Aged Care	Polley, Helen	ALP	Gateway	a) The My Aged Care gateway, including call centre and website, was meant to make it easier and less confusing for consumers to access aged care. There is widespread frustration and anger from consumers expressing that it is now more complicated and confusing. What is being done to address consumer concerns? b) Was the Gateway always meant to go beyond information provision to the allocation of services to various providers? How does this give the consumer more control and choice?	Written
SQ15-000870	11 - Ageing and Aged Care	Polley, Helen	ALP	Indexation Rates	What have been the COPE indexation rates for 2013, 2014, 2015	Written
SQ15-000871		Polley, Helen		ACFI	What is the rate of growth in ACFI subsidies (by % and by \$) - 2013, 2014, 2015	Written
SQ15-000869	1 - Population Health	Siewert, Rachel	AG	Gene Technology Regulations	1. Have drafting instructions been submitted for amendments to the Gene Technology Regulations 2001? 2) If so, what new plant breeding techniques will be excluded from the GMO regulations under the draft amendments?	Written
SQ15-000872	11 - Ageing and Aged Care	Polley, Helen	ALP	Regional Assessment Services	Some Regional Assessment Services are provided by organisations that provide aged care services. How is the Government managing the conflict of interest where organisations have responsibility both for determining need and assessing eligibility for services, and the provision of those services?	Written
SQ15-000873	11 - Ageing and Aged Care	Polley, Helen	ALP	Regional Assessment Services	a) As of 1 July 2015, the Regional Assessment Services have been introduced. Is this just for referrals to access to the Commonwealth Home Support Program? b) Please outline the breakdown as to how many are face-to-face and how many are by phone only. How does this compare to the criteria for providing these services? That is, how many referrals are expected to be face-to-face? c) How much detail is meant to be provided in a referral? d) If a referral is inadequate, is the provider of the service reimbursed for the time taken to undertake an adequate assessment? e) Can the Department measure how many consumers are receiving either inadequate services or who miss out due to inadequacy of the assessment and referral services?	Written
SQ15-000874	11 - Ageing and Aged Care	Polley, Helen	ALP	Dementia and Cognitive Care Supplement	a) Please provide an outline the Dementia and Cognitive Supplement usage, month by month. b) What home care package levels can the supplement be applied? c) What happens to unspent funds?	Written
SQ15-000875	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Subsidy	How are home care subsidies / supplements calculated? E.g.. what is the formula for arriving at the daily allowances and how does that account for staff wages, travel, and other costs such as provision of superannuation, training and career development for the home care worker?	Written
SQ15-000876	11 - Ageing and Aged Care	Polley, Helen	ALP	CDC	On 8 August 2015, the ABC reported than an estimated 10,000 home care recipients were told by their care providers that under new consumer directed care packages they would no longer have enough funds to pay for the services they received, creating a "care gap" for some clients. The April 2015 KPMG report "Formative evaluation of the home care packages program" , found that 75 per cent of providers indicated that the budget available for home care packages was insufficient to meet consumer needs. The Department then established a national CDC hotline to handle transition complaints. a) What modelling or estimate projections were undertaken on the "care gap" created by transitioning to the CDC model, prior to implementation? b) Has any analysis of this "care gap" been undertaken since 1 July 2015? c) How many consumers were consulted by KPMG when undertaking the evaluation of home care packages (April 2015)? d) Was any analysis of consumer experience undertaken by KPMG? If so, please provide details of the findings.	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000877	4 - Acute Care	McLucas, Jan	ALP	Palmerston Hospital	a) Please detail what evidence was provided by the Northern Territory Government to satisfy the Department that the 'commence construction' milestone was met such that a \$35 million payment was made b) What action is the Department taking, as part of an investigation or otherwise, into reports of a concrete pour that do not represent meaningful construction at the site c) Will the Department seek to recoup any money as part of this project if the concrete pour is found not to represent meaningful construction as part of the project plans d) When did the Department first sight detailed construction plans for the Palmerston Hospital project? e) Could the Department detail the construction milestones for the Palmerston Hospital, and what will constitute the next milestone the completion of the base of the building?	Written
SQ15-000878	5 - Primary Health Care	McLucas, Jan	ALP	PHNs	a) What does the acronym PHN stand for? b) Does the Department continue to advise PHNs that if they use the term "Primary Health Networks" they may be liable for legal action?	Written
SQ15-000879	5 - Primary Health Care	McLucas, Jan	ALP	PHNs	How many staff are employed at the network of 31 PHNs?	Written
SQ15-000880	5 - Primary Health Care	McLucas, Jan	ALP	PHNs	When were PHNs advised of the performance framework under which they are expected to operate?	Written
SQ15-000881	5 - Primary Health Care	McLucas, Jan	ALP	PHNs	How many PHNs have requested a variation of their terms of contract., and how many of these request have been granted?	Written
SQ15-000882	5 - Primary Health Care	McLucas, Jan	ALP	PHNs	Can the department now provide a final figure for the cost of closing all the Medicare Locals and establishing the 31 PHNs?	Written
SQ15-000883	6 - Private Health	McLucas, Jan	ALP	PHI Rebate	a) Is it correct that expenditure on the Private Health Insurance Rebate would be lowered by \$80 million a year if the rebate were removed from expenditure on unproven natural therapies b) When will the minister deliver a formal response to the review of the Australian Government Rebate on Private Health Insurance for natural therapies?	Written
SQ15-000884	1 - Population Health	McLucas, Jan	ALP	Tobacco Control	Can the department provide a list of international comparisons for the level of tax charged on tobacco, showing how Australia compares with other countries?	Written
SQ15-000885	1 - Population Health	McLucas, Jan	ALP	Tobacco Control	Can the Department provide data, including graphs, on smoking rates other than those included in the 2013 National Drug Strategy Household Survey	Written
SQ15-000887	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages	a) What measures has the department (or will they) put in place to regulate or cap administrative and case management costs on home care packages to ensure home care clients are not being charged unfairly? b) How much additional support is provided for providers to address complex case management issues?	Written
SQ15-000888	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages	From February 2017 Home Care Packages will be assigned to consumers by My Aged Care. What are you doing NOW to ensure My Aged Care handles that process better than it has the second stage of My Aged Care?	Written
SQ15-000890	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health workforce Planning and Pipelines	What planning systems are currently in place to align the number of students studying health professions at university with the number of training places available once they complete their studies?	Written
SQ15-000889	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages	By making home care available to consumers on individual needs, how will you address the issue of availability of packages? Particularly levels 3 and 4 packages?	Written
SQ15-000891	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Planning and Pipelines	Does the department hold regular meetings with the University Sector, other departments, and state governments to discuss the accessibility of training places for graduating students?	Written
SQ15-000892	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages	There has been a discrepancy in the take up of certain packages. Has the Department considered allowing providers to trade in levels 1 and 2 packages for higher level packages?	Written
SQ15-000894	11 - Ageing and Aged Care	Polley, Helen	ALP	Home Care Packages	Please provide vacancy rates for Home Care Packages – levels 1-4 - nationwide and state by state.	Written
SQ15-000893	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce and Pipelines	Currently do the number of students studying to be ambulance officers and paramedics align with the number of expected vacancies for graduates?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000895	11 - Ageing and Aged Care	Polley, Helen	ALP	Disability and Residential Care	a) What is being done to address the needs of people with disability, aged over 65 years and living in residential aged care facilities? In particular, age-related disabilities such as vision and hearing loss, neurological impairment, decreased mobility. b) What support is available for resident requiring specialist services to address these needs? In particular, how is this addressed in regional and rural communities? c) How are these services funded?	Written
SQ15-000896	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Planning and Pipelines	What is the Department doing about the shortage of graduate placements available for nursing graduates?	Written
SQ15-000897	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Planning and Pipelines	Who will be funding the training places for graduates of Curtin Medical School? Will this fall on the Commonwealth, and if so has this been accounted for in the Budget?	Written
SQ15-000898	11 - Ageing and Aged Care	Polley, Helen	ALP	STRC	a) What modelling has been done and on what basis has it been determined that approximately 2,000 short term restorative care places where needed each year? b) Is this adequate to meet unmet need? c) If no modelling was undertaken, on what basis what the decision made?	Written
SQ15-000899	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Planning and Pipelines	What happens to a student when, upon completing their studies, cannot find work in the profession they have studied?	Written
SQ15-000900	11 - Ageing and Aged Care	Polley, Helen	ALP	Residential Care	Please provide an update of the number of allocated but not operational bed licences: By year of allocation and by aged care planning region.	Written
SQ15-000901	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	What is the current status of the merging of health workforce scholarships into the single scholarship program?	Written
SQ15-000902	11 - Ageing and Aged Care	Polley, Helen	ALP	Residential	Please provide vacancy rates for residential aged care, nation wide and state by state.	Written
SQ15-000903	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	Has an administrator been selected for the new program? Have contracts been entered into? If so, how much funding was provided to this organisation for the administration of the new scholarships?	Written
SQ15-000904	11 - Ageing and Aged Care	Polley, Helen	ALP	Workforce Stocktake & Strategy	At a meeting with the aged care sector on 5 February 2014, the Department of Social Services and its Ministers, met with representatives from the aged care sector to discuss how the Aged Care Workforce Supplement would be utilised. The Minister announced he had instructed the Department to undertake a stocktake of aged care workforce initiatives. Following that, on 13 June 2014, at the second meeting of the Aged Care Sector Committee, the Minister further announced he would undertake a stocktake of government funded aged care workforce initiatives, as the first stage of developing a national aged care workforce development strategy. a) Has this stocktake been undertaken? If so, was it undertaken by the department or was another organisations commissioned to undertake this stocktake? b) If an external organisation was contracted to undertake the stocktake, please outline what group? Was this organisation chosen by the Department or did that go out to tender? If the Department chose the organisation, on what basis was this organisation chosen? c) How much has the stocktake process and report cost? Where has this funding come from (which part of the Ageing and Aged Care Budget)? Has that bill been paid? d) If the report has been delivered, when did the department receive it? Was it delivered to the former Assistant Minister for Social Services? When? Has it been delivered to the new Minister and/or the Assistant Minister? e) When will the Government release the stocktake report to the public? f) What will be the next step toward the development of a workforce strategy?	Written
SQ15-000906	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	How much funding is available in each of the forward estimates for actual scholarships?	Written
SQ15-000907	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	Given university applications are now being processed for the 2016 academic year, who will be administering scholarships for the 2016 academic year?	Written
SQ15-000908	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workshop Scholarships	Will the \$14.2 million in savings in the 2015-16 financial year arise from a reduction in the funds available for actual health scholarships?	Written
SQ15-000905	11 - Ageing and Aged Care	Polley, Helen	ALP	Workforce	a) Please outline what organisations have been funded out of the Aged Care Workforce Development Fund? Include what programs they are delivering, across what time frame, where and for how much? b) Will any other funding rounds be announced soon?	Written

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SQ15-000909	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	What level of funding was available for new scholarships (as opposed to funding scholarships which had been granted in previous years) for the 2015 academic year?	Written
SQ15-000910	11 - Ageing and Aged Care	Polley, Helen	ALP	Workforce	How will the AHMAC now incorporate aged care workforce issues?	Written
SQ15-000911	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	How much funding will be available for new scholarships in the 2016 academic year?	Written
SQ15-000912	11 - Ageing and Aged Care	Polley, Helen	ALP	Previous Workforce Supplement	a) Please outline any evidence that the funds previously allocated to the Aged Care Workforce Supplement and then used to top up residential aged care supplements, have resulted in improvements in the aged care workforce? Particularly to wages, career development, training etc. b) Has this seen an increase in the overall staff to resident ratios? c) The sector refers to workforce as being at a critical point. In fact, the Aged care Financing Authority report makes that point. One of the issues raised in the ACFA report is that the National Aged Care Workforce Census and Survey was undertaken in 2012. When the next survey be undertaken? d) Has the National Institute for Labour Studies been contracted to begin work on the next one? If not, what is the timeframe set by the Government to begin work, including when you expect to see work begin and when it is likely to be completed? e) How much has been budgeted to complete this work? Where are those funds coming from?	Written
SQ15-000913	8 - Health Workforce Capacity	McLucas, Jan	ALP	Health Workforce Scholarships	Will the administration of existing scholarships transfer to the new single administrator and if so how will this transfer be managed?	Written
SQ15-000914	11 - Ageing and Aged Care	Polley, Helen	ALP	SBRTs	a) Please outline how many applications were made for the Severe Behaviour Response Teams? b) How many of those were for provision of a national program versus for state by state delivery c) Was the Department specifically directed NOT to discuss the SBRT in Senate Estimates, even though it was clear the decision had been made at the time of the hearing?	Written
SQ15-000915	11 - Ageing and Aged Care	Polley, Helen	ALP	SBRTs and DBMAS	Please provide the funding across the forward estimates for SBRTs and DBMAS a) Given that the SBRTs will only be operating for about seven months, how much time will be given to reviewing the SBRTs prior to stage two? b) Will any review or assessment be undertaken? c) Will DBMAS and the SBRTs be completely amalgamated in stage two? If so, will there be just one provider to deliver services across the nation? If not, why?	Written
SQ15-000916	11 - Ageing and Aged Care	Polley, Helen	ALP	DACS	a) Please outline what ACSIHAG / DACS funding rounds have been announced, including when they were announced, how much funding, including the time frame for funding, the future funding rounds and the anticipated time frame for announcement and program delivery, and outline how much funding remains across the forward estimates. b) Please provide a list of all successful applicants across the funding rounds, including a description of what the funding round was for, a description of what each provider was funded to deliver, the time frame, funding amount, and location by federal electorate / state	Written
SQ15-000917	11 - Ageing and Aged Care	Polley, Helen	ALP	Dementia	Has the funding for dementia in the Living Longer Living Better reforms has been returned to Health? Including: - \$23.6m for Younger Onset Dementia Keyworkers - \$39.2m for acute care - \$16m for timely diagnosis Please provide an update on where these programs are at, including whether funding has been extended (to what date) or when it ends (what date).	Written
SQ15-000918	11 - Ageing and Aged Care	Polley, Helen	ALP	Dementia Stocktake	a) Please outline if there will be a second Ministerial Dementia Forum? When will that occur? What is the planned agenda or desired outcomes? b) Will the KPMG stocktake report be tabled at this event? Or will the Government release it prior to that event? c) Given that all the programs considered by KPMG are now back in the Department of Health, will the department need to consider other dementia activities and funding that did not transfer to DSS during the 2013 MoG changes?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000919	11 - Ageing and Aged Care	Polley, Helen	ALP	Dementia Framework	a) The COAG National Framework for Action on Dementia 2015-2019 was released recently with very limited fanfare or acknowledgement by Government. Can you indicate why the Department has chosen not make a public announcement about the Framework which is its only definitive policy statement on dementia in Australia? Please outline a timeframe? b) What consultations were held and at what time did they occur? What stakeholders were consulted in developing the final Framework? c) Can you further indicate why, when dementia is the second leading cause of death in Australia, the Government has chosen to develop a 'framework' that contains no outcomes measures or funding commitments consistent with a condition that exacts such a significant economic and social impact on the Australian community? d) Does the Department intend to develop a more robust strategy or plan that will contain forward commitments and details on activities and outcomes that more adequately reflects the level of harm caused by dementia in Australia?	Written
SQ15-000920	11 - Ageing and Aged Care	Polley, Helen	ALP	PICAC	a) Has the Department announced the successful applicant to provide Partners in Culturally Appropriate Care in WA? Please provide details of this organisation. b) Please provide details of the successful organisation in each state and the funding term	Written
SQ15-000921	0 - Whole of Portfolio	McLucas, Jan	ALP	Drafting of Ministerial Media Release	Senator McLUCAS: Did the draft provided by the department include the quote from Professor Robinson about the 30 per cent? Mr Bowles: I will have to take that on notice and check. I cannot recall how that particular one went. I was talking in general. That is how we do things. I would have to take on notice specifically what we would have provided in the way of a broad media release.	27 - 21/10/15
SQ15-000922	1 - Population Health	Ludlam, Scott	AG	Myalgic Encephalomyelitis, which is maybe more commonly known as ME or Chronic Fatigue Syndrome	NHMRC funding and description of what sort of research is being funded for Myalgic Encephalomyelitis (ME) or Chronic Fatigue Syndrome?	116 - 21/10/15
SQ15-000923	1 - Population Health	Rhiannon, Lee	AG	Animals in Experiments	How many grants have been made that involve using dogs or cats in animal experiments over the last two years?	118 - 21/10/15
SQ15-000924	1 - Population Health	Rhiannon, Lee	AG	Animals in Experiments	Since the beginning of 2014, has the NHMRC funded any research using non-human primates?	118 - 21/10/15
SQ15-000925	11 - Ageing and Aged Care	Siewert, Rachel	AG	The Dementia and Cognition Supplement	What is the timeframe for the Department investigating the below estimate expenditure and pattern of claiming for the Dementia and Cognition Supplement.	128 - 21/10/15
SQ15-000926	1 - Population Health	McLucas, Jan	ALP	Australian Prostate Cancer Research Centre	Senator McLUCAS: Is the department familiar with the Australian prostate cancer research centre in Melbourne? Mr Cormack: We are aware that it exists— Senator McLUCAS: Good. Mr Cormack: but I would have to take on notice whatever your specific requirements are there because I do not have that information at my fingertips. Senator McLUCAS: Has the department received a request for funding from the centre? Mr Cormack: I have to take that on notice. Senator McLUCAS: You do not have anyone here who knows the answer to that? Mr Cormack: The answer is: no, we are not aware of any. Senator McLUCAS: You are not aware? Mr Cormack: But, for completeness, we will take that question on notice. Senator McLUCAS: My final question will be redundant: has any funding been committed to the centre? Mr Cormack: We will take that question on notice also.	70 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000927	1 - Population Health	Leyonhjelm, David	LDP	Tobacco Data	<p>Senator LEYONHJELM: As is this one, yes. Let us go to the rigour of the data, because I think that is a relevant matter. The Health website states: Treasury has advised that tobacco clearances (including excise and customs duty) fell by 3.4% in 2013 relative to 2012 ... Treasury has advised me that it provided this data to the health department because the health department asked for it. When you asked for that data, did you specify that you were asking for data to shed light on the impact of plain packaging, which was only fully operational from 1 December 2012? Dr Studdert: I think the request for that data precedes both of us, so I would have to take that on notice and get some more information. But I guess it goes again to us looking at an array of indicators and data that go to us being able to track the implementation of the measure. Senator LEYONHJELM: All right. The next question is: did you ask for data for the year starting 1 December 2012 and a year prior to 1 December 2012? Dr Studdert: Again, I think we would have to take that on notice. Senator LEYONHJELM: If you would, yes. Did you say to Treasury when seeking that data that you were trying to distinguish impacts arising from plain packaging and also impacts arising from the tax increase on 1 December 2013? Dr Studdert: Again, I cannot say what we said— Senator LEYONHJELM: No, it precedes you. Dr Studdert: But I assume that was broadly what we intended to look at, yes. Senator LEYONHJELM: I would like you to take that one on notice, too, if you would, please.</p>	112 - 21/10/15
SQ15-000928	1 - Population Health	Leyonhjelm, David	LDP	Professor Davidson Report on Tobacco Plain Packaging	<p>Senator LEYONHJELM: Well, Professor Sinclair Davidson from RMIT University in Melbourne has. He has taken the rolling 12 months, if you like, from 1 December, and he calculates that the change from one period to the next, following the introduction of plain packaging, was a reduction in tobacco clearances of 0.8 per cent. Can I put on notice a request for you to please look at that result and get back to us? Dr Studdert: Is Professor Davidson's report available, Senator? Senator LEYONHJELM: Yes, it is. It was not in a peer-reviewed journal, on the other hand. All he did was analyse the data, so it is not really subject to—well, you can analyse the data yourself, if you like. But I am more than happy to provide you with the source of that information. Dr Studdert: Thank you. Senator LEYONHJELM: Now, that has certain consequences in terms of the Tobacco Refund Scheme operated by Customs. Obviously, there are also issues in relation to refunds that occurred around that time. Because I have seen the paper by Professor Sinclair Davidson and you have not, I will not question you any further about that. But, if I give you this paper and the background to it, can I please ask you to take on notice questions in relation to the reliability of the 3.4 per cent reduction that you have quoted on your website?</p>	113 - 21/10/15
SQ15-000929	1 - Population Health	McLucas, Jan	ALP	Tobacco - Burden of Disease	<p>Senator McLUCAS: My next question is: how many people die each year? Mr Bowles: About 15,000. Senator McLUCAS: And the number of people who are seriously disabled, do we have that figure? Dr Southern: The burden of disease— Senator McLUCAS: The whole burden of disease data. Dr Southern: I do not have it with me. Senator McLUCAS: Take it on notice. Dr Southern: We can take it on notice.</p>	114 - 21/10/15
SQ15-000930	1 - Population Health	McLucas, Jan	ALP	Smoking Trends and Taxation	<p>Senator McLUCAS: Fantastic. Thank you. In terms of the trend for the 14-plus and the 18-plus cohorts, I am trying to get an understanding of how the trend is going compared to particular points in time. I take your point about the cumulative effect of a number of measures, Dr Studdert, but is there some way you can provide us with a time series, perhaps that goes from about 2009 through to now? Mr Bowles: We could probably even go back a bit earlier on some of this. There are some good graphs that show the decline over the last 15 or 20 years, and it is quite steady. So we could take that on notice. Senator McLUCAS: Thank you. Speaking of international comparisons, the level of tax charged on tobacco in Australia compared with other countries, how do we fare there? Dr Southern: The rates are within the advisory band, if you like, from the World Health Organization, through the framework convention on tobacco control. But we would have to take on notice the actual comparison with other countries. Mr Bowles: I think we are equivalent to some, and better than others. But we will take it on notice.</p>	115 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000931	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Ministerial Functions	In relation to any functions or official receptions hosted by current or former Ministers in the portfolio in 2015, can the following please be provided: a) List of functions; b) List of attendees including departmental officials and members of the Minister's family or personal staff; c) Function venue; d) Itemised list of costs; 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
SQ15-000932	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Ministerial International Travel	In relation to any international travel undertaken in 2015 by current or former Ministers in the portfolio, can the following please be provided to the Senate: a) A copy of the itinerary for each overseas trip; b) An itemised list of the costs of each trip including the class of travel for any flights; c) Copies of receipts for any food or beverages that the Minister consumed at taxpayer expense during each trip; d) Copies of receipts for any self-drive hire cars or chauffeured services utilised by the Minister during each trip; e) Copies of receipts for any other ground transport; f) Copies of receipts for any hotel accommodation; and g) Details of any spouse travel.	Written
SQ15-000933	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Secretary's Speeches to Staff	Can a copy of any speeches delivered by the Secretary of the Department at any staff meetings in 2015 please be provided?	Written
SQ15-000934	0 - Whole of Portfolio	Bilyk, Catryna	ALP	Secretary's Office Upgrades	Have the furniture, fixtures or fittings of the Secretary's office been upgraded in 2015? If so, can an itemised list of costs please be provided?	Written
SQ15-000935	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	PCEHR - Number of General Practices Signed Up	I will follow through on the questions in this area. Is the data that you have given us available on a state basis? One of the things we talked about at previous estimates is whether any states have a higher response than others. You can give that to us on notice, if you like.	99 - 21/10/15
SQ15-000936	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	eHealth - Practice Incentive Payment Changes	What is the time frame for the review that you started and that you have had this range of webinars on? On notice, can we get a list of the processes you have used in the consultations and with whom you have consulted. What is the time frame for getting your paper to government?	99 - 21/10/15
SQ15-000937	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	eHealth – eHealth Implementation Taskforce	Can you provide us, on notice, with who is on that task force or where they are from? If it is identifying individual public sector workers, I do not need the names. It is just to see what its make-up is.	101 - 21/10/15
SQ15-000938	7 - Health Infrastructure, Regulation, Safety and Quality	Moore, Claire	ALP	eHealth – National eHealth Transition Authority (NEHTA)	That would be great—and also the current structure of NEHTA, on notice as well. Thank you.	101 - 21/10/15
SQ15-000939	7 - Health Infrastructure, Regulation, Safety and Quality	Williams, John	NATS	Diagnostic Imaging Regulatory Impact Statement	Have you had any complaints about these regional centres and the quality of the work they do?	24 - 21/10/15
SQ15-000940	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Freezing Indexation for Optometry Services	Senator SIEWERT: Why was that decision made? Who was consulted? And have you had feedback about the impact of that on the provision of services, particularly remote services? Mr Stuart: All right. Mr Bowles: Is there a time frame you are talking about there about a reduction in ophthalmology? I know there was some activity around this a while ago. Senator SIEWERT: The schedule was cut in the beginning of the year, on 1 January, for optometry—sorry I do mean optometry. Mr Bowles: Now I think we are back on the same page. Mr Stuart: We were slightly confused; ophthalmology was five or six years ago. Senator SIEWERT: Sorry. There are the cuts and also the freezing of the indexation process—so there are both things. Who was consulted?	30 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000941	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Optometry	Senator SIEWERT: Yes, if you can take on notice that process and what modelling was undertaken to justify the cut and the freezing of the indexation. I am particularly interested in what follow-up you have done. The feedback that I am getting, particularly from those optometrists that are working remotely, particularly in Aboriginal communities, is that it is significantly impacting on the model that they use to provide service to those communities. What is the modelling, can we get it and what feedback have you had? Mr J Smith: Again, I will need to take that on notice to make sure that I give you the correct answer. I know that there have been discussions with the industry and that there are issues relating to rural access, and that Indigenous access is an issue. But I would just need to take that on notice to give you the correct answer. Senator SIEWERT: I want to be really clear: what discussions have you had, where you are up to in those negotiations and are you considering some approaches that will enable the current model, or an improved model, if you can work out an improvement, in communities so that these services are provided?	31 - 21/10/15
SQ15-000943	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Premiums	Senator McLUCAS: The two most recent rises were—and I would like you to confirm this—the highest in the past decade. Is that correct? Mr Bowles: We will see if we have that. Mr Stuart: Let us find our place. Please be patient with us, Senator. Our expert is unwell. Mr Bowles: Unfortunately, has he not been with us for the last couple of weeks. He is just unwell. Senator McLUCAS: Please send him our best wishes. Mr Bowles: We will, thank you. We have been doing a little bit of swotting. But I think they have been relatively consistent over the last couple anyhow. We will take that on notice.	77 - 21/10/15
SQ15-000944	6 - Private Health	McLucas, Jan	ALP	Private Health Insurance Natural Therapies Review	Senator McLUCAS: Minister, it would be helpful to the committee if you could give us an understanding of when the minister expects to respond to that report, please. Senator Nash: I can certainly take that on notice for you.	79 - 21/10/15
SQ15-000946	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Analysis of Complaints Received	Senator MOORE: Could we ask for, on notice, some analysis of those complaints—the numbers, the types of complaint? Ms Duffy: Last financial year, we had 125 complaints. Senator MOORE: And you can take on notice the analysis of the types of issues that caused those complaints.	39 - 21/10/15
SQ15-000947	3 - Access to Medical and Dental Services	Moore, Claire	ALP	Research Regarding Up-selling of Hearing Aid Devices.	Can we get a little bit more detail about the research you have done, with whom you have spoken and what has come out of that?	39 - 21/10/15
SQ15-000948	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Indexation	What would be the annual cost to the Commonwealth of reversing the indexation freeze from today for each of the financial years 2016-17 and 2017-18?	43 - 21/10/15
SQ15-000949	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Indexation	What then is the estimated cost of resuming indexation in 2018-19? Can that be broken down by GP items and non-GP items?	43 - 21/10/15
SQ15-000950	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Indexation	Do we have bulk-billing rates between the period from 1 July 2015 to date?	44 - 21/10/15
SQ15-000951	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Indexation	If there has been any impact of the freeze on the MBS on people actually attending the doctor.	45 - 21/10/15
SQ15-000952	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	What number of people will have higher out-of-pocket costs for radiation oncology services following introduction of new Medicare safety net arrangements from 1 January 2016?	34 - 21/10/15
SQ15-000953	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	How many additional radiation oncology patients will become eligible for benefits under the new Medicare safety net? What type of patients are these?	34 - 21/10/15
SQ15-000954	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	What will happen to the cost of IVF under the new safety net arrangements? How will this affect patients?	35 - 21/10/15
SQ15-000955	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Medicare Safety Net	How frequently will a patient need to access psychiatry services and at what cost in order to become eligible for benefits under the new safety net arrangements beginning 1 January 2016?	35 - 21/10/15
SQ15-000956	3 - Access to Medical and Dental Services	Smith, Dean	LP	Medicare Safety Net	What is the geographic distribution of Extended Medicare Safety Net benefits by metropolitan, regional and remote classification?	36 - 21/10/15
SQ15-000957	3 - Access to Medical and Dental Services	Smith, Dean	LP	Medicare Safety Net	What are the 50 postcodes with highest Extended Medicare Safety Net usage?	36 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000958	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Health and Other Services (Compensation) Act	What about childhood victims of assault that may get some level of compensation?	30 - 21/10/15
SQ15-000959	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Health and Other Services (Compensation) Act	Could I also ask you to take on notice, given the new situation, if you could explain what you do and what DHS does so that I am clear from both agencies who is responsible for what.	30 - 21/10/15
SQ15-000960	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Health and Other Services (Compensation) Act	From past experience, that gets bit murky. I am particularly interested in where we have had people that are compensated for assault, and particularly childhood trauma from assault. If you could take on notice any further information on that.	30 - 21/10/15
SQ15-000961	3 - Access to Medical and Dental Services	Siewert, Rachel	AG	Indexation	Senator McLUCAS: Have we looked at what the change in out-of-pocket cost for patients might be as a result of the indexation freeze? Mr Stuart: For those who are not bulk-billed the average patient contribution per service for GPs went from \$31.03 to \$32.16—a change of 3.6 per cent. Senator McLUCAS: And that was between the— Mr Stuart: Between 2013-14 and 2014-15. Again, we do not have in front of us how that differs from previous years. I do not have a time series for that here. Mr Bowles: But it is likely that that is on a similar trajectory from the past. We can have a look at that. Senator McLUCAS: I would like to have a look at that.	45 - 21/10/15
SQ15-000962	4 - Acute Care	Polley, Helen	ALP	NPA IPHS funding	Senator POLLEY: Can you give us a breakdown to which hospitals in Tasmania that funding went for the Launceston General Hospital, Royal Hobart Hospital, Mersey Community Hospital et cetera? Ms Anderson: I am not sure we have that level of detailed information. I am happy to take the question on notice but I suspect that the state was not required to be absolutely specific. We will certainly provide what we have. Senator POLLEY: Thank you. Senator LAMBIE: So what you are saying is the state government could not spend that money wisely. Is it the Tasmanian people's health that is now paying the price for that? Mr Cormack: I think the best way to answer that is that to paraphrase what the secretary just said. They were provided with a series of facilitation payments for investment in service improvement of \$16.5 million for NEAT and \$17.9 million for NEST. They have invested that and I think that is what we can say. Senator LAMBIE: So you give them money but they do not have to answer to you where that money goes. Mr Cormack: No, there are specific accountabilities around each of these agreements and we can provide the detail of that on notice. But at the end of the day, it is the responsibility of the system manager, which is the state government, to make the best use of that. There were reward payments that were to be made available on achievement of certain outcomes. They were not achieved. But it is the prerogative of the state government to manage its system. The Commonwealth government provided significant funding to all states and territories in line with their own specific needs and their own specific planning requirements that they believed would enable them to improve their performance in those two areas.	68 - 21/10/15
SQ15-000963	4 - Acute Care	Lambie, Jacqui	IND	Hospital and Health System Data	Mr Cormack: I can suggest two websites that you could start with: the Australian Institute of Health and Welfare, which has a comprehensive, vast data source on pretty much anything that is collected nationally; and the National Health Performance Authority, which also provides some very systematic regular reports at the hospital level and at the community level. I would also recommend that you look at the Australian Commission for Safety and Quality in Health Care, which also provides some good quality comparative information, and the Independent Hospital Pricing Authority. We are happy to provide those website addresses to you on notice.	72 - 21/10/15
SQ15-000964	8 - Health Workforce Capacity	Brown, Carol	ALP	GP Training	a) To what extent have savings been achieved in the finalisation of contracts with the new GP training organisations? b) Please provide specific details of the level of savings achieved and where they come from, including in relation to administration, education and funding for general practices c) What will be the level of funding provided for each trainee in the GP training program under the new arrangements and how will this compare to this year's level of funding?	Written

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000965	7 - Health Infrastructure, Regulation, Safety and Quality	Brown, Carol	ALP	PIP e-Health	a) What changes are planned in relation to the PIP E-health incentive eligibility criteria? b) When will these changes commence? c) In relation to shared health summaries, what target will practices need to achieve to qualify for the new criteria. d) How much funding will practice lose if they fail to meeting the new criteria?	Written
SQ15-000966	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: Does the department have a final figure to date associated with the cost of closing all the Medicare Locals and establishing the 31 PHNs? Mr Booth: Not as yet. As we have discussed before, we have been going through a claims determination process, whereby the Medicare Locals have been assessing the claims that they are making against the Commonwealth in terms of the contracts stopping a year early. They were required to do their initial claim for termination schedule, I think, from July. The majority of them submitted that by then, but then there is a bit of a process of going backwards and forwards with that, double-checking and all that kind of thing. We got some final information in September, and we are just working through those at the moment and getting their audited financial results. We hope that we will have that figure by the end of November. Senator McLUCAS: Could I ask on notice that, when you have that figure, we could have a look at it?	49 - 21/10/15
SQ15-000967	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	How many of the Medicare Locals are still operating? Do you have visibility of that?	49 - 21/10/15
SQ15-000968	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	I am wondering whether the name 'Medicare Local' is still owned by the government? Is there copyright on that name?	50 - 21/10/15
SQ15-000969	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Would you expect that each of the PHNs would publish the names of the clinical advisory committees and the consumer committees on their websites?	51 - 21/10/15
SQ15-000970	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Does the government recommend any stipend or sitting fee for a chair or a board member of a PHN?	51 - 21/10/15
SQ15-000971	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	How many staff are employed at all of them?	52 - 21/10/15
SQ15-000972	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Are you confirming now—this is the first time we have actually had this confirmed—that Aboriginal organisations will have to tender for the work that they are currently providing?	53 - 21/10/15
SQ15-000973	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: It would be helpful then if we could get a list of those programs. Are they in flexible funds or what types of programs are they? Mr Booth: I would need to double-check. Mr Bowles: It could be in a range of areas. Senator McLUCAS: For clarity in the community, it would be really handy for us to know what those programs are that are moving from the Medicare Local to the PHN—what you are saying is previously provided by the Medicare Local but now will be tendered out.	53 - 21/10/15
SQ15-000974	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	How many of the 31 PHNs have had the sort of circumstances that we are describing with the NQPHN?	55 - 21/10/15
SQ15-000975	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Care Advisory Group	Were there any interactions between the expert reference group on mental health and the Primary Health Care Advisory Group?	55 - 21/10/15
SQ15-000976	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Care Advisory Group	How many departmental staff are providing secretarial support?	56 - 21/10/15
SQ15-000977	5 - Primary Health Care	McLucas, Jan	ALP	Mental Health Plan	If it is possible, could I get a copy of the key milestones that have been agreed for the time frames for the development of the Fifth Mental Health Plan?	63 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000978	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: So all 31 have put those arrangements in place? Mr Cormack: As far as we are aware they have, or are in the process of finalising those. I wrote to them not so long ago, just to clarify a couple of points of expectation from the Commonwealth's point of view, and most of them have responded positively to that. Senator McLUCAS: Could we find out those who have not? Mr Cormack: We will take that on notice. Senator McLUCAS: Would you expect that each of the PHNs would publish the names of the clinical advisory committees and the consumer committees on their websites? Mr Cormack: I am not quite sure whether our contract specifies that. We think that is probably good practice as a matter of principle, but there may also be some privacy issues in relation to some of the community members that some of the PHNs are engaged with. But we think that would be good practice. Senator McLUCAS: What would be the conflict there, Mr Cormack? Mr Cormack: In small communities or isolated communities where particular people may be nominated to be on a community advisory committee there may just be some desires by individuals. I am not aware of any, I am just speculating here because I am not entirely sure whether all PHNs are in the process of putting their community advisory committee or other membership up on their website, but I am just saying there may be circumstances where that is not appropriate.	50 - 21/10/15
SQ15-000979	6 - Private Health	Cameron, Doug	ALP	Private Health Funds	Has the Department made any projections on the quantum of funds paid to private health funds over the forward estimates? If so provide details.	Written
SQ15-000980	1 - Population Health	Madigan, John	DLP	Environmental Noise	a) Are you able to tell the committee why the 2004 enHealth report: The health effects of environmental noise - other than hearing loss, published by the federal health department, was shelved and why this report's once urgent recommendation has never been acted upon by successive Commonwealth governments and state departments of health? b) Do you accept that sleep deprivation can harm health? c) Does the federal health department have any plans to work in this neglected area of public health in the interests of preventing further serious damage to the health of Australian citizens from excessive noise pollution, regardless of the source of that noise?	122 - 21/10/15
SQ15-000981	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: Let me ask the question another way. There will be requests from the Department of Health to vary a contract because you want to do something more? Mr Bowles: Could be. Senator McLUCAS: That is what you have just said, Mr Bowles. I understand that. The other way of looking at it is that there will be requests from a PHN to the department to vary a contract because of their requirements. How many of those circumstances do we have? Mr Cormack: We will take that on notice. There is just too much detail for us to— Senator McLUCAS: There are only 31 of them. Mr Cormack: It goes back to the earlier conversation. There are a lot of these contracts in place. There are normal activities of reporting and disclosure, and requests from either party going to the other party, and any of those can lead at any point in time to a normal, business-as-usual variation or adjustment to a contract. We are happy to take it on notice and provide you with more detailed information. We simply do not have the information available to us to say how many contracts are currently subject to variation or likely to be subject to variation, because the answer we give you today is almost certainly going to be different to the answer we give you tomorrow.	48 - 21/10/15

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PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref
SQ15-000982	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Senator McLUCAS: I have a couple more questions on PHNs. Is the department aware that some PHNs are offering three-month contracts to service providers? Mr Booth: There are a variety of different contracts in place at the moment, in this transition year, but I would need to take on notice any specifics around them. I do know that there are different contracts out there— Senator McLUCAS: Could I have some reasons why someone would let a contract for three months? I am talking about service delivery. Mr Cormack: I guess a general answer to that—and we will give you the specifics on notice—is that 2015-16 is a transition year where the PHNs have been established. The PHNs are assuming the pre-existing service delivery roles in addition to their new planning, integration and commissioning role throughout the course of this current financial year. Then in the following financial year they will transition the way services are currently delivered from a direct delivery model to a commissioning model, which is quite different. So in the course of that there would be a need for a series of short-term extensions to a range of service contracts. We can give you the specifics, but that would be the reason for that. We have no intention for the PHNs to enter into long-term service delivery roles. They are transitioning out of that into commissioning.	54 - 21/10/15
SQ15-000983	5 - Primary Health Care	Lambie, Jacqui	IND	Indigenous Healthcare in Tasmania	Senator LAMBIE: On Aboriginal health, do you know how many Indigenous people are eligible for health care in Tasmania? Mr Bowles: No. We would have to take that on notice. I do not know the specific breakdown by state of the Indigenous population offhand. Prime Minister and Cabinet might have a better clue, because they run the broader Indigenous programs. We just look at it from a health perspective. Senator LAMBIE: I want those figures. I am not sure if you realise, but there happen to be some issues in Tasmania when it comes to Indigenous people. You have to be seen as Indigenous by a group of people down there—that being the TAC. There are 19,000 of us down there and they are only recognising 3,000. So I want to know whether or not you are getting the money for the full 19,000 yet only 3,000 are receiving that money. That is what I am looking for. That is the angle I am coming from. So it would be nice to see exactly how many you are funding down there. Mr Bowles: All right.	53 - 21/10/15
SQ15-000984	5 - Primary Health Care	McLucas, Jan	ALP	headspace	Senator McLUCAS: In your answer to my QON 626, Mr Bowles, you told me: There are no programmes ceasing at the end of this financial year, though individual components may reach their natural end date. Can I have a list of those individual components that will reach their natural end date, please. I am going to get a name of an organisation out of you one day, Mr Bowles! Mr Bowles: I could not possibly comment! Senator McLUCAS: It is my challenge in life. Mr Bowles: I will have to refresh my memory of the answer. I cannot give you an answer off the top of my head, at the moment. Senator McLUCAS: Can you take that on notice, please. Mr Bowles: Yes. What particular piece do you want on notice? Senator McLUCAS: Can I have a list of those components that will reach their natural end date—and I am using your words because I am not quite sure— Mr Bowles: That might end at the end of this year. Senator McLUCAS: That will end at the end of the year. Mr Bowles: We will take that on notice.	65 - 21/10/15
SQ15-000987	1 - Population Health	Marshall, Gavin	ALP	Tobacco	I note media reports and Senate debate outlining that tobacco companies are pushing low-cost cigarettes and other tobacco products into the Australia market and that many such products retail for less than \$20. a) Does the Government believe this down-trading seems part of a deliberate effort to keep smokers consuming this very harmful product, or to target younger Australians? b) Has the Government examined using a minimum retail price as a further deterrent to smokers and if so can these considerations be detailed?	Written

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SQ15-000988	10 - Sport and Recreation	Xenophon, Nick	IND	FFA/World Cup Bid	It's been reported in the Fairfax on 27 Sept 2015, that FFA consultant Peter Hargitay was paid \$1.45 million of Commonwealth funds to devise Australia's 2022 World Cup bid, at the same time as being paid \$500,000 by the driving force of Qatar's successful bid - former Asian Football Confederation president Mohamed Bin Hammam. I do understand this was for Bin Hammam's campaign for a seat on a FIFA committee – not for the Qatar WC bid. Is the Commission concerned about this and has it examined the efficacy of this arrangement in its internal records or sought further information from FFA?	Written
SQ15-000989	0 - Whole of Portfolio	McLucas, Jan	ALP	Website	Senator McLUCAS: Why is Assistant Minister Wyatt not listed on the website?	22 - 21/10/15
SQ15-000990	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	MBS Expenditure	Senator McLUCAS: My question is: did the department provide more accurate information to the minister's office around what proportion of MBS expenditure possibly is not necessarily wasteful or sometimes even harmful?	26 - 21/10/15
SQ15-000991	5 - Primary Health Care	McLucas, Jan	ALP	Primary Health Networks	Mr Booth: I could not say offhand how many of the 31 have made changes, minor changes or whatever in the past four months. Senator McLUCAS: Would you mind taking that on notice? In terms of the contract, is there a standard pro forma contract? Have we seen that?	49 - 21/10/15
SQ15-000992	3 - Access to Medical and Dental Services	McLucas, Jan	ALP	Low-value Services	Senator McLUCAS: I will hand this out and you could have a look at it. I would like to know what role the department had in the compilation of this document, please.	26 - 21/10/15