

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000003	2 - Health Access and Support Services	Watt, Murray	Rural Health Workforce	Senator WATT: Are there more vacancies for internships in rural and regional hospitals than there are in urban hospitals? Mr Hallinan: I don't have that information. Senator WATT: I'm thinking that everything we hear about the rural health workforce is that it is difficult to find people to work in rural and regional environments, and I would expect that would be the case for the internships as well? Mr Hallinan: I wouldn't want to make that judgement. Senator WATT: Maybe if you could take that on notice for us? Mr Hallinan: Yes. I will see what I can do, but it's not information that we hold. It's something we would have to try to obtain from states and territories.	6 - 28/02/2018
SQ18-000004	2 - Health Access and Support Services	Watt, Murray	medical school cost	Senator WATT: Well, what's been the cost of the most recent medical school that has been established in Australia? We're not talking 50c. Mr Hallinan: The most recent one— Senator McKenzie: No, Senator Watt, you're probably right—not 50 cents. Senator WATT: So we're talking at least tens of millions of dollars. Mr Hallinan: I think the most recent one wasn't government funded. Senator WATT: The most recent government-funded one would be at least tens of millions of dollars between the capital, research staff, the teaching staff— Mr Hallinan: I'd have to take it on notice. I think Curtin in Western Australia was probably the last one we were involved with.	8 - 28/02/2018
SQ18-000005	2 - Health Access and Support Services	Watt, Murray	Murray-Darling medical school	Senator WATT: Senator McKenzie, the only other question I've got on this is: what electorates would the Murray-Darling medical school be located in? I understand the proposal is for a multicampus university? Senator McKenzie: Are you talking about a proposal put forward by La Trobe and CSU? Senator WATT: Charles Sturt, yes. Senator McKenzie: Yes. So the Murray-Darling medical school proposal—obviously, as the name suggests, is in the Murray-Darling Basin—and that doesn't include the Canberra section of the Murray-Darling Basin. Senator WATT: 'Does not'? Senator McKenzie: It does not. I know some people say Canberra is part of the Murray-Darling Basin, but obviously if you look where CSU is located, there was a proposal—in the original proposal around Orange, Albury-Wodonga and Bendigo—and Mildura, I think. Senator WATT: And Wagga Wagga? Senator McKenzie: Yes, in the public proposal for the Murray-Darling medical school, I can't recall in detail, because it's been around for many years— Ms Beauchamp: I think Minister Hunt announced it back in October 2017. Senator McKenzie: I can get you a copy of the original public document, if you like.	10 - 28/02/2018
SQ18-000006	2 - Health Access and Support Services	Di Natale, Richard	ANACAD advise	Senator DI NATALE: But don't you find it remarkable that you would have an expert body set up with the intent to provide advice on drug and alcohol issues and the department has not sought advice from it? Dr Studdert: I couldn't comment on that. Senator DI NATALE: I can. Perhaps I can ask you why hasn't advice being sought from the expert committee on drugs and alcohol? Dr Studdert: I would have to check the range of matters consulted on over the last year. But, to my knowledge, at this stage, that has not been raised with them.	14 - 28/02/2018
SQ18-000007	2 - Health Access and Support Services	Di Natale, Richard	accuracy and reliability of drug testing	Senator DI NATALE: Have you made any changes to the trial since it was rejected by the Senate last year? Sorry, have you recommended any changes to the trial since it was rejected? Dr Studdert: I would have to check on that. I don't believe so. As I have said, we have provided advice on request as the measure has evolved.	14 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000008	2 - Health Access and Support Services	Di Natale, Richard	indigenous access to MBS and PBS	<p>Senator DI NATALE: Yes, I suppose my question is how. The outcome would be an increased access to MBS and PBS, but how are you going to do it? Ms Edwards: We're using existing levers, including the Indigenous incentive. I wasn't prepared for these questions fully, so I haven't got the key details of it, but there's an incentive for practices who deal with Aboriginal and Torres Strait Islander patients. We're having a good look at that to make sure it's dealing with what we need to do. We're actually interrogating our data much more carefully, because, as you say, we know there's a gap between the access by Indigenous and non-Indigenous people. But our identified data is patchy. Not a huge number of Aboriginal and Torres Strait Islander people choose to identify through Medicare as Indigenous, so we want to make sure that we increase that data so we can watch what's going on. We know that 35 per cent-ish of poor health is caused by things other than the health system for Aboriginal people, and that's going to have an access both on their actual health and, we know on education, employment—all those others things. We also know that things happening outside the health centre have an impact on whether Aboriginal and Torres Strait Islander people seek medical care, and follow through with their treatments and so on. So we're working with our colleagues across the whole Commonwealth to make sure Aboriginal people do seek access to care and so on. It's a much broader question than just having access to MBS and PBS. You would be aware that there's a specific PBS program to make sure that Aboriginal and Torres Strait Islander people can access medicines at a cheaper rate, and we're having a look to make sure that's got the coverage it does. There were some measures last year to make it easier for dispensing of remote medicines. We're looking at those, how we make sure we do that. It's a multipronged approach. But, yes, we accept that there's some work still to do to make sure that we have parity in access to MBS and PBS, and perhaps above parity if it's needed, through the whole range of services. Senator DI NATALE: If you've got anything more you want to put on notice, I'd appreciate that. Ms Edwards: Happy to do that.</p>	15 - 28/02/2018
SQ18-000009	2 - Health Access and Support Services	Watt, Murray	tobacco control	<p>Senator WATT: What's the department doing to enforce and implement the convention in Australia, in general terms? Dr Studdert: There are a range of articles and elements of the convention. I'd have to get you some detailed advice, article by article, but I think it's fair to say Australia's considered a leader in the international arena in terms of enacting the convention, and tobacco control measures more broadly.</p>	15 - 28/02/2018
SQ18-000010	2 - Health Access and Support Services	Watt, Murray	meetings with tobacco industry representatives	<p>Senator WATT: The government is? Okay. The department's website has a page headed 'Public notification of meetings between the Australian Government Department of Health and the Tobacco Industry'. I notice that the page hasn't been updated since 28 February 2017, which is a year ago today, and the last meeting recorded was 6 October 2016. Can you confirm that the Department of Health has not had any meetings with anyone from the tobacco industry since 6 October 2016? Dr Studdert: There certainly haven't been any meetings in the department. The department does participate in a cross-government committee around the issue of illicit tobacco, and in that space there have been some consultations—not led by us—from what is now the Department of Home Affairs with industry around that matter. In the past, the department has sat in on those meetings. I would have to check and take on notice whether that has occurred in the last year. I suspect that's the post from 2016 that you mentioned. I'm fairly certain that since then we have not participated, but I can confirm that. Senator WATT: Okay, if you could—and it might be a good idea to get that page updated as well. Dr Studdert: I suspect there's nothing to update it with, but, yes, certainly we can do that.</p>	16 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000011	2 - Health Access and Support Services	Watt, Murray	National Party acceptance of tobacco donations in 2016-17 financial year	Senator WATT: You'd be aware that smoking rates in rural and remote Australia are particularly high, compared to— Senator McKenzie: Yes, particularly in Indigenous cohorts—yes, I'm aware. Senator WATT: In fact I think it has been estimated that smoking rates in rural and remote Australia are up to twice as high as in metropolitan areas. CHAIR: This is clearly a question for a later outcome, Senator Watt. Can we move on? Senator WATT: I won't be much longer. Minister, given what you've said—that the government adheres to the framework, and the coalition government takes it seriously—do you know how much the federal National Party accepted in tobacco donations in the 2016-17 financial year? Senator McKenzie: I can take that on notice. Senator WATT: You don't know that it's \$15,700? Senator McKenzie: I don't. I said I'd take it on notice. Senator WATT: Right. Your predecessor, Mr Gillespie, has said that he was quite conflicted about your party's acceptance of tobacco donations and that he had personal concerns about it. Do you share those concerns? Senator McKenzie: I said I'd take it on notice. As you know, political donations are a matter for our party organisation.	17 - 28/02/2018
SQ18-000012	2 - Health Access and Support Services	Watt, Murray	National Party acceptance of tobacco donations in 2016-17 financial year	Senator WATT: Why don't you, as the minister, the Deputy Leader and, only a few days ago, the Acting Leader of the National Party, direct the National Party to stop taking these donations? Senator McKenzie: I've said the matter is an issue for the National Party organisation, and I— Senator WATT: So you have no control over them? CHAIR: Senator Watt— Senator McKenzie: as you, as a singular senator; I'm sure if you were directing the federal Labor Party— Senator WATT: Well, we stopped in 2004. The Liberals stopped in 2013. CHAIR: Senator Watt, I've given you extraordinary latitude in this— Senator McKenzie: And that was a decision for your organisation, and rightly so. CHAIR: Excuse me, Minister. Senator WATT: It was the right decision, was it? Senator McKenzie: It's a decision for the organisation. CHAIR: Excuse me, Minister. Senator Watt. Order! Senator McKenzie: Sorry; I really want to be clear, Chair, for Senator Watt, because he's trying to infer that a party organisation may or may not—I'll have to check on the value of the donation in the time frame he's speaking about— Senator WATT: There were three different donations.	17 - 28/02/2018
SQ18-000013	2 - Health Access and Support Services	Watt, Murray	meetings with tobacco industry	Senator WATT: No, no; a couple of questions specifically about the minister. CHAIR: No. Senator O'Neill. Senator WATT: No, a couple of questions about the minister. Have you or your office had any meetings with anyone from the tobacco industry since you became the minister? Senator McKenzie: I'll have to take that on notice. Senator WATT: Well, have you? Senator McKenzie: I haven't. Senator WATT: You haven't, and you're going to take on notice whether your office has? Senator McKenzie: I'll take that on notice about my office.	18 - 28/02/2018
SQ18-000014	2 - Health Access and Support Services	Watt, Murray	tobacco industry representatives	Senator WATT: Will tobacco industry representatives be invited to attend this year's budget dinner?	19 - 28/02/2018

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SQ18-000015	2 - Health Access and Support Services	O'Neill, Deborah	headspace	<p>Senator O'NEILL: What other locations were provided by the same mechanism you have just described, but not selected? Ms Cole: There were about 15. I'd have to take that on notice. Senator O'NEILL: If you could provide that in the course of the day, that would be helpful... Senator O'NEILL: I would like to go back to some questions from this morning that I asked you. Do you have any further information from the questions that I asked this morning? Ms Cole: Senator, sorry, I have not yet got those extra sites. Senator O'NEILL: There were five additional sites. Ms Cole: It's a good chance to explain the process as a whole. There were 25 sites in total that were identified through the planning process, and 15 of those sites were not in the final 10, obviously. Senator O'NEILL: Sorry, could you say that again? Ms Cole: There were 25 sites originally identified, and 15 of those sites obviously didn't make it into the top 10. Senator O'NEILL: There were 10 that were acknowledged. So there are 15, not five, that are outstanding? Ms Cole: That's correct. Senator O'NEILL: You have that information so you must have the list. Ms Cole: I do have a list, but I haven't retrieved it from the department yet. I'll provide it on notice. Senator O'NEILL: Could you provide that for me today? Ms Cole: I would like to check that list before I provide it. I will provide it to you as soon as I can.</p>	19 - 28/02/2018
SQ18-000016	2 - Health Access and Support Services	O'Neill, Deborah	Lithgow headspace	<p>Senator O'NEILL: Chair, it would be easier to just get them done. I've got three questions left and the people are at the table. Can the department provide the date when the minister signed off on the decision that he made when choosing Lithgow as a new location? Ms Cole: We'll take that on notice.</p>	20 - 28/02/2018

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SQ18-000017	4 - Individual Health Benefits	Griff, Stirling	payment to Pharmaceutical Society	<p>Senator GRIFF: Ms Beauchamp, my questions actually relate to how, in 2016-17, the department paid the Pharmaceutical Society of Australia a total of \$829,906, as part of a contract, to update its professional practice standards and code of ethics. Is this the first time the department has paid this society, or any society, to update their standards? Ms Beauchamp: Senator, can you give me the date of that again? Senator GRIFF: I can give you contract note, if you like, but it was in the 2016-17 year. Mr Cormack: Senator, the specific officer who can give you details of our arrangements with the Pharmaceutical Society will come to the table shortly, and we'll take the detail of notice. But we have had arrangements in the past, and in the present, with the Pharmaceutical Society. They're the professional association for the pharmacy profession. They are an active partner in many of the programs associated with the community pharmacy agreement. But I will have to come back to you shortly with the specific details of that engagement. Senator GRIFF: So you will also provide me with any other dates of any other periods where you've done this? Mr Cormack: Yes... Senator GRIFF: In that instance, could you provide on notice a list of other bodies that you have done the same thing with and the dollar amounts over the last 10 years? Ms Shakespeare: I'm sorry, Senator, I missed the first part of the question. Could you please repeat the information you're seeking about the Pharmaceutical Society? Senator GRIFF: The primary question was: on how many other occasions have you actually issued a contract for them to update their own professional standards? And then I asked what other industry bodies have you paid to actually update their professional standards or code of conduct? Ms Shakespeare: Certainly we can take that on notice. There are particular examples of pieces of work we've asked the Pharmaceutical Society to update standards around. Biosimilars is one of them. The government has been undertaking policy work to promote the use of biosimilars, which includes education and resources for pharmacists to educate them about biosimilars, particularly in the environment where they may be substituting those at pharmacy level on a script. Senator GRIFF: With this particular contract the actual contract period was May 2016 to July 2017. How long did the new standards and code actually take to develop? Ms Shakespeare: I'm fairly certain that that contract period related to the work to update around biosimilars, but I would need to check that those are the right dates. And I'd say that the work would have been completed within the time periods for the contract. Senator GRIFF: Okay, and would they actually come into force at the end of that period? Ms Shakespeare: Yes. My understanding is they've now been launched. Senator GRIFF: You will provide me with that information as well? Ms Shakespeare: Yes.</p>	21 - 28/02/2018
SQ18-000018	3 - Sport and Recreation	Farrell, Don	national sports plan	<p>Senator FARRELL: I guess what I'm saying is, now that this report has been released, what is now going to happen? We were told that we were going to get a national sports plan by December last year. Obviously, we're not going to get that because that time has passed. Today the government releases what has been the collection of ideas as a result of their consultation process. What's the next step? How are we going to progress this to try and have some semblance of respect for the original time frames that the minister—time is ticking by and nothing's happening, and ministers are being replaced. There is a revolving door of ministers. When are we going to get some results rather than just new ministers—new ideas instead of new ministers?</p>	26 - 28/02/2018
SQ18-000020	3 - Sport and Recreation	Farrell, Don	national sports lottery	<p>Senator FARRELL: My question was quite a specific one: has the modelling been completed on the national sports lottery? Dr Studdert: A set of modelling has been completed, but there's always the option to return for other modelling should the questions— Senator FARRELL: Okay. Has the old minister being briefed about that modelling? Dr Studdert: In broad terms, yes. Senator FARRELL: Okay. When was she briefed? Dr Studdert: I would have to check our records. We've done a lot of briefing with the new minister over the last couple of months. It's been a pretty intense and extensive set of issues that we've covered.</p>	29 - 28/02/2018

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SQ18-000021	3 - Sport and Recreation	Farrell, Don	2018 winter olympics	Senator FARRELL: I thought it gets more snow that Switzerland. Is that not true? Is that an urban myth? Ms Palmer: I don't know. I'll have to take that on notice! So we do measure that. Certainly, the Olympic Winter Institute, which is also supported by the AOC, uses their investment very wisely. They're very strategic and careful about where those funds are used. We'll be evaluating with them whether they are satisfied with their outcomes.	30 - 28/02/2018
SQ18-000022	3 - Sport and Recreation	Leyonhjelm, David	2018 winter Olympics	Senator LEYONHJELM: That's the question—how does the amount of funding devoted to the winter Olympics and our involvement in the winter Olympics compare to our taxpayers' contribution and our involvement in the summer Olympics? And how do you judge the relative allocation? Ms Palmer: It's very difficult, because the comparison is over 400 athletes in the summer Olympics and less than—I can't recall the number, but I can take it on notice—34 or 35 athletes in the winter Olympics.	30 - 28/02/2018
SQ18-000023	4 - Individual Health Benefits	Singh, Lisa	MBS review	Senator SINGH: Sorry, I will stop you there. I've got the list in front of me as well of the nine groups that you've got in the MYEFO measure. I guess what I'm interested in is the breakdown between those nine groups. We're talking about the savings, so— Mr Cormack: As I said before, we are working to a net combined savings of \$409 million. We haven't got a breakdown for you. We can take that on notice, but the figure of \$409 million is the net outcome across those nine items plus, of course, the \$5 million that was previously recorded—recognising that this is a figure going forward, and recognising that the implementation of these individual measures will take some time and there will naturally be variations over time. The figure that was published in MYEFO is a net save of \$409 million over the five years... Senator SINGH: Just to confirm, on notice, could you provide a breakdown of the savings of the MBS review so far by item or group, and also by year? Mr Cormack: We'll certainly take that on notice.	38 - 28/02/2018
SQ18-000024	4 - Individual Health Benefits	Singh, Lisa	MBS expenditure	Senator SINGH: What's the total amount of spending that has been recommended by the review and implemented by government? Mr Cormack: What sort of spending are you talking about? Do you mean expenditure on new items, or do you mean the program-related expenditure to administer the MBS review process itself? Senator SINGH: I would like a breakdown of the spending on the items. So, yes. Mr Cormack: We'll certainly take that on notice, because it's part of the same request that you've put. I have colleagues here who can also take you through the amount of funding that has been allocated to this exercise itself. We can give you a sense of what's been allocated in budget, what's been committed and spent today, if that's what you're interested in; or we can take that on notice as well.	39 - 28/02/2018
SQ18-000025	4 - Individual Health Benefits	Singh, Lisa	MBS review recommendations	Senator SINGH: I understand there are also MBS review recommendations for new amended items that the government has not yet implemented, like to introduce a new item for remote kidney dialysis. How many of those types of recommendations are outstanding? Mr Cormack: We can give you a bit of a rundown on the progress in terms of recommendations, but you're right: what we've bought to book in MYEFO is those that have worked their way through the system and have been subject to formal government decisions, because these do require formal consideration. There are others that are at varying stages of finalisation. Some are still out for public consultation, some are in the stage of refinement, and some are under active consideration by government as we speak. Senator SINGH: Could I have on notice a list of all the outstanding recommendations, as well as the cost of each of those? Mr Cormack: We're happy to take that question on notice.	39 - 28/02/2018

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SQ18-000026	4 - Individual Health Benefits	Singh, Lisa	MBS review	<p>Senator SINGH: The MYEFO measure also says that that \$409 million in net savings 'have already been reinvested by the government in Medicare'. When did the government reinvest the savings, and in what?</p> <p>Mr Cormack: The reinvestment is part of the broader economic update process. When the government publishes its update with a series of estimates, variations and measures and spends and saves, it's dealt with within the context of that particular economic update.</p> <p>Senator SINGH: So what budget measure reinvested these savings? Mr Cormack: There is a direct, specific link between every element that is saved and every item that is spent. I can perhaps ask our budget people to more broadly explain the way these things work. Generally speaking, the way we approach an economic update, either MYEFO or a budget, is that we identify at a whole portfolio level a consolidated list of items for investment or expenditure, and then we identify a series of offsets. Senator SINGH: Which items? Which new or amended items were listed?</p>	40 - 28/02/2018
SQ18-000027	4 - Individual Health Benefits	Di Natale, Richard	medicare and MBS	<p>Ms Beauchamp: I just mentioned a figure of \$887 million just on MBS additional expenditure this year. Senator DI NATALE: Does that come from unfreezing the rebate? Is that the bulk of that? Ms Beauchamp: Unfreezing the Medicare rebate? I'd have to take that on notice. I'm not too sure what the details are. Senator DI NATALE: Mr Cormack? Would the bulk of that come from unfreezing the rebate—that increased Medicare expenditure? Mr Cormack: I would have to take the precise detail of that on notice or have one of our budget colleagues come along. In essence, the \$409 million covers multiple updates and covers issues such as re-indexation and, as the secretary has said, the significant growth in Medicare. The money has been— Senator DI NATALE: So that investment is basically saying, 'We're unfreezing the rebate that we froze.' And you consider that a reinvestment? Mr Cormack: You can turn that the way you wish to. Senator DI NATALE: Accurately. Mr Cormack: We will take the detail of that on notice. Senator DI NATALE: Will you be able to provide that today? Mr Cormack: We'll take the question on notice and see what we can do about getting back to you... Senator SINGH: Just in response to Senator Di Natale, did the government reinvest the money in that 2017 budget measure into Medicare Benefits Schedule indexation? Mr Cormack: I think that has been taken on notice. Senator SINGH: I'm entitled to ask it specifically. Senator McKenzie: It has been taken on notice twice. Senator SINGH: But I'm asking it differently. Mr Cormack: I'm going to give the same answer. It is really the same question just asked differently. We will come back you with a response on notice that outlines—</p>	40 - 28/02/2018
SQ18-000028	4 - Individual Health Benefits	Di Natale, Richard	MBS review	<p>Senator DI NATALE: On the \$409 million, I didn't quite hear quite how much of that saving was from the after-hours item numbers. Mr Cormack: We said that we would come back on notice. Senator DI NATALE: I flagged with the department a couple of days ago that I would be asking this specific question, and I was told that you would be prepared with an answer. Mr Cormack: The figure we have available for the current financial year is in the order of \$24 million, and for 2018-19 it's in the order of about \$70 million. Senator DI NATALE: And over the forwards? Mr Cormack: I don't have that figure in front of me. Senator DI NATALE: I did request that. I said I would be asking this question. Mr Cormack: We will certainly be able to get that to you on notice.</p>	41 - 28/02/2018

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SQ18-000029	4 - Individual Health Benefits	Rice, Janet	MBS & abortion	Senator RICE: I'm interested in getting some information and exploring the issue of how abortion procedures are reflected in the MBS, in particular in the interests of getting good data on abortion procedures, which is clearly a fairly topical issue at the moment, with the situation in Tasmania. Ms Beauchamp: I might ask Mr Cormack to help with that. Mr Cormack: As you would be aware, the Commonwealth does not have a responsibility for the delivery of these services. They're predominantly a state and territory government responsibility. The Commonwealth contributes indirectly in two ways. There are a number of MBS items that can be used as part of a termination procedure. Also, through our contributions to the states through the National Health Reform Agreement—the public hospital agreements—whatever the states do in that context within the public hospital sector, the Commonwealth is providing a financial contribution to the operation of the state hospital systems. In terms of data availability on this, we would need to take on notice what we can actually pull together, because the items have a number of different applications, and we just need to have a look at our datasets a bit more closely, so I'm happy to take that on notice for you.	45 - 28/02/2018
SQ18-000030	4 - Individual Health Benefits	Leyonhjelm, David	Mifepristone	Ms Shakespeare: Mifepristone, also known as RU486, has been assessed through normal processes around PBS listing to ensure it is cost effective. I don't think you can directly compare the two interventions. Mifepristone can really only be used in very early stage pregnancy—I think it is up to about 50 days—whereas the surgical procedures can be used in different stages of pregnancy. Senator LEYONHJELM: Are you perhaps able to take on notice, within the limitations of the date and what you have just said, a relative cost assessment of the two? Ms Shakespeare: We can certainly provide the costs—the PBS listing price for Mifepristone and the MBS items that would be relevant. Senator LEYONHJELM: Yes, please do take that question on notice. On a like-for-like basis—same stage of pregnancy, same stage of termination—would it be true to say that the medical approach costs less, or more, than a surgical approach? Ms Shakespeare: I don't have that data here with me on costs. We will need to take that on notice.	51 - 28/02/2018
SQ18-000031	4 - Individual Health Benefits	Leyonhjelm, David	Mifepristone	Senator LEYONHJELM: Yes, please do take that question on notice as well. I don't know the brand name of RU486; you were using it, but I did not catch it, so I will just use that term for now. Do you know how many GPs prescribe it? Ms Shakespeare: What we would have is script numbers, which we could provide. Again, I would have to take that on notice; I don't have the script numbers here with me. I'm not sure whether we could identify how many particular prescribers had written those scripts. I would need to check on what data we do collect.	51 - 28/02/2018
SQ18-000032	4 - Individual Health Benefits	Leyonhjelm, David	Mifepristone	Senator LEYONHJELM: Are there limits on GPs being permitted to prescribe it? Ms Shakespeare: Within the context of the circumstances in which it is appropriate to prescribe. Prof. Murphy: I think there is a training package for people to prescribe this drug, so they are generally people who have been through a course to prescribe it. Senator LEYONHJELM: They need to do a course? A GP can't just prescribe it? Prof. Murphy: I believe so, but I would have to check that for you. Senator LEYONHJELM: Fine, I'm happy to get that information on notice. What I'm looking for is any constraints that the government imposes on the use of this as an alternative to surgical abortions—whether it is a constraint that they need to do this training or a choice on the part of the doctors as to which approach they think is more important.	51 - 28/02/2018
SQ18-000033	4 - Individual Health Benefits	Leyonhjelm, David	Mifepristone	Senator LEYONHJELM: Can you provide me with the number of GPs who have gone through that course and are, therefore, permitted to prescribe this medical approach? Mr Cormack: We will have to take that on notice.	52 - 28/02/2018

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SQ18-000034	4 - Individual Health Benefits	Rice, Janet	Primoteston (testosterone) - is it still available in Australia? If yes, how much for private script?	Senator RICE: Even if not requiring—even facilitating or encouraging companies, given that it seems there is now a gap for a product that was being used quite successfully and effectively and that the other products that are now available aren't as appropriate for the transgender men who were using this form of testosterone. Ms Shakespeare: I am not sure whether or not the company is still providing that through the private market. That may be the case here. We could check on that for you. Senator RICE: If you could. Even if they are, it would mean that, because it wasn't available on the PBS, any concessional arrangements for having that product wouldn't be available. So, it presumably would mean a price increase for people where were using it. Ms Shakespeare: We will have to check on the price, if it is still on the private market, as well.	52 - 28/02/2018
SQ18-000035	4 - Individual Health Benefits	Steele-John, Jordan	NABS Scheme	Senator STEELE-JOHN: I thought it would be, and I'll be following them up tomorrow. Could you give me a bit of information on the NABS scheme. How many people access that per annum? I am happy for you to take that on notice if you don't have that figure in front of you. Ms Buffinton: I think we'll have to take that on notice. Senator STEELE-JOHN: Additionally to that, if you could give me, perhaps, how many people have accessed it over the last, say, seven years and the number of interpreters, either employed or engaged through that scheme, that would be great. That will probably do me for now, if that's okay. Finally, recommendation 6 of the report, point 2, goes to the need to build on existing projects such as HEARsmart and Know Your Noise to promote safe listening practices in the music industry among young people. I'm wondering if you could give me any idea of any trends that you see in relation to hearing health among young people that you have been able to identify as relating to unsafe noise practices. Ms Buffinton: I think I would have to take that on notice.	49 - 28/02/2018
SQ18-000036	4 - Individual Health Benefits	Watt, Murray	Pertussis Vaccine	Senator WATT: How long ago did PBAC give the final approval? Does July 2016 sound about right? Ms Shakespeare: I think that was when the initial decision may have been. However, PBAC is considering this at its meeting in March. Further advice has been requested from ATAGI. Senator WATT: PBAC will consider at its March meeting the recommendation for listing of the pertussis vaccine? Ms Shakespeare: Further information that was requested from ATAGI by the PBAC around the pertussis vaccines will be considered at the March meeting. Senator WATT: But has PBAC actually already given final approval? Ms Shakespeare: It made recommendations about particular products and then sought further information from the group of experts, including state and territory experts, around vaccines, to look at the schedule, I understand, around pertussis vaccinations. Senator WATT: I don't think I have had an answer yet as to when PBAC gave its final approval for the listing. Ms Appleyard: I will get the date for you in relation to when the decision for pertussis vaccines were given. What I can say is further advice was requested by the PBAC from ATAGI in relation to the clinical place of pertussis—all of the pertussis vaccines on the schedule, including maternal pertussis. ATAGI went away, considered that advice and provided it to PBAC in December. That decision of PBAC was announced, I believe, in February—that there was no further work to be done in relation to the pertussis schedule. So the maternal pertussis vaccine is able to be listed, and no other pertussis schedule points have been removed.	53 - 28/02/2018
SQ18-000037	5 - Regulation, Safety and Protection	Watt, Murray	Boostrix	Senator WATT: What is the total amount currently being paid by the states and territories to cover these vaccines while the review is taking place? Ms Appleyard: I don't have that information with me. I have to take that on notice.	54 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000038	4 - Individual Health Benefits	Watt, Murray	PBS expenditure	Senator WATT: Around about. And how does actual spending on the PBS compare with actual spending in 2010-11? Have you got those figures there? Ms Shakespeare: I'm sorry, I don't.	55 - 28/02/2018
SQ18-000039	4 - Individual Health Benefits	Smith, Dean	Life Saving Drugs Program	Senator SMITH: What is the total number of new medicines that have been agreed to under this government? Ms Shakespeare: There are currently 13 medicines funded under the Life Saving Drugs Program. If I look back to everything that's been listed since around 2013, there's taliglucerase, to treat Gaucher's disease, which was listed in 2015-16. There is Vimizim—the elosulfase alfa I just mentioned. There is a medicine called alglucosidase alfa, which was listed in 2014-15, to treat juvenile late-onset Pompe disease; that same medicine was then subsequently listed to treat adult late-onset Pompe disease. Another medicine, listed in 2015-16, is nitisinone, to treat hereditary tyrosinemia type 1. Senator SMITH: Can you give us an example, perhaps for the last three drugs, of what the drug would have cost if it hadn't been listed and what the drug now costs as a result of the listing decision? Ms Shakespeare: We can provide that information, but I don't have it here with me. We will need to take it on notice. Senator SMITH: In that case, why don't we do it for all 13 drugs—what the cost would have been prior to listing and what the cost is now. If we go back a period, how does that compare with decisions taken by the previous government?... Ms Shakespeare: We will need to take it on notice. These ones are the PBS listings. Ms Beauchamp: So we'll come back to you on the Life Saving Drugs Program listing and, in particular, the elosulfase alfa, which was the most recent.	56 - 28/02/2018
SQ18-000040	4 - Individual Health Benefits	Smith, Dean	Life Saving Drugs Program	Ms Shakespeare: There are medicines that were listed between 2007 and 2013. Again, I can run through those from my list. Senator SMITH: Just the quantum is fine. Ms Shakespeare: It looks like six. Senator SMITH: Not 16 but six? Ms Shakespeare: No, sorry. One of them was 2004-05. CHAIR: Are we just talking about the Life Saving Drugs Program here, or are we talking about all PBS listings? Ms Shakespeare: I was just talking about the Life Saving Drugs Program. I think we have five or six. We'd have to confirm that. Senator SMITH: So, in the six years of the previous government, there were five or six drugs listed and, in the four or five years of this government, there have been 13? Ms Shakespeare: No, the total listed is 13 since 1999-2000. Senator SMITH: Okay. And you will provide a total of what the patient cost would be prior to listing and post listing? Ms Shakespeare: Yes.	56 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000041	4 - Individual Health Benefits	Watt, Murray	PHI premiums	<p>Senator WATT: How much will private health insurance premiums go up by on 1 April this year? Mr Cormack: There is a 3.95 per cent increase in premiums as an average. It varies from fund to fund. Senator WATT: What does that mean in dollar terms, say, for an average single and an average family? Mr Cormack: We're just getting you those figures, Senator. Ms Shakespeare: On average, a single policy is \$1.40 a week and a family is \$2.75 a week. Senator WATT: Do you have those in annual figures? Ms Shakespeare: I'd probably need a calculator. I'm sorry. Senator WATT: For single we're probably talking \$70-odd a year and for a family probably about \$130 year or something like that. You've given the average, but what's the highest premium increase in percentage terms that you're aware of from 1 April? Mr Cormack: The largest is 8.9 per cent, I think. I'm just triple-checking. Yes, it's 8.9 per cent. Senator WATT: Are you able to say which fund that is? Mr Cormack: Yes, it's Health Care Insurance Ltd. Senator WATT: Are there others above eight per cent? Mr Cormack: No. Senator WATT: What does that mean in dollar terms? Mr Cormack: I'd have to have a look at their base rates, and we'd need to take that on notice. I don't have a listing of their premiums and, of course, they've got different products as well. Senator WATT: Could you come back to me with a calculation similar to what you've done for the average to get to \$70 per annum, roughly, for a single and \$130-odd for a family. Could you work out what that is on 8.9 per cent. Mr Cormack: Yes, we can do that.</p>	57 - 28/02/2018
SQ18-000042	4 - Individual Health Benefits	Watt, Murray	PHI	<p>Senator WATT: I may not have been making myself clear before. When I was asking about the highest premium increase that you're aware of, I wasn't necessarily asking for an average within a fund. Do you have any details about the highest increase that any fund is charging for any policy? Mr Cormack: Not to hand. We'd have to take that on notice. Senator WATT: But you do have access to that information? Mr Cormack: We can certainly request that, and we'll take it on notice. Senator WATT: Okay. Could you come back to me, in percentage and dollar terms for an average single and an average family, with the highest increase for any one product.</p>	58 - 28/02/2018
SQ18-000043	4 - Individual Health Benefits	Watt, Murray	PHI modelling	<p>Senator WATT: Have you done any modelling on what the expected impact on premiums is of this package of reforms? Mr Cormack: We haven't done any specific modelling; however, through the course of the reform work that we did we did a lot of analysis of the various factors. We remain very confident that the main policy settings that are driving cost increases and premium increases are in the process of being addressed by this package of reforms. Senator McKenzie: Are you aware of the Deloitte modelling? Senator WATT: No. Senator McKenzie: I know that Deloitte did some modelling of the two per cent cap and the removal of the low-cost policies, which I think is the ALP's policy. They saw that that would actually increase premium prices by 16 per cent. Senator WATT: Increase premiums? Senator McKenzie: Yes. Senator WATT: Could we get a copy of that modelling? Senator McKenzie: I think if you contact Deloitte. If it's in the public domain, I can get it to you.</p>	59 - 28/02/2018
SQ18-000044	4 - Individual Health Benefits	Watt, Murray	PHI	<p>Senator WATT: I understand what you're saying. The thing I'm concerned about is that we often hear claims from the private health insurers that things will make a significant difference, but trying to pin them down on a figure or a percentage is well-nigh impossible. If they have done any modelling of that for you, could you please table that for the committee?</p>	60 - 28/02/2018
SQ18-000045	4 - Individual Health Benefits	Watt, Murray	PHI	<p>Senator WATT: Can you also give me the figures for the previous quarter, the July to September quarter? Mr Maskell-Knight: The September quarter figure for hospital was 11,319,000, so it's a reduction of 13,000. Senator WATT: In hospital coverage? Mr Maskell-Knight: Yes. Senator WATT: If you were to exclude the age group zero to four years, what would be the net increase or decrease in insured persons from the December quarter to the previous quarter? Mr Cormack: I think we might have to have a closer look at that. We'd have to get back to you on that.</p>	61 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000046	4 - Individual Health Benefits	Watt, Murray	PHI	Senator WATT: What was the age group with the biggest net decrease in the December quarter? Mr Cormack: We'll have a closer look. Senator WATT: Yes, if you could just take that on notice? Just to wrap up: has there been any modelling done by the department on the effect of Labor's proposal for a two per cent cap on policies?	62 - 28/02/2018
SQ18-000047	4 - Individual Health Benefits	Di Natale, Richard	PHI	Senator DI NATALE: Are you making an assumption there—that it's people downgrading their cover to allow policies with a greater excess? Is that a fair assumption? Mr Maskell-Knight: That's an observation that it's going on. Senator DI NATALE: That's happening? Mr Maskell-Knight: Yes. Senator DI NATALE: You're noticing that? Mr Maskell-Knight: The AHPRA data over a long time shows that, yes. Senator DI NATALE: A trend where people are reducing— Mr Maskell-Knight: We can observe correlation, if you like, but we can't know causality. Senator DI NATALE: So I understand that better, you're saying that there's been a discernible trend over a long period of time. One of the things we talked about was coverage. We didn't talk about people downgrading their cover. Have you got any evidence about that, in regards to hospital and general treatment? Can you make— Mr Maskell-Knight: On notice, we can provide the long-term trend and the proportion of policies that have got an excess. Senator DI NATALE: Where the level of cover has changed and the excess has increased. Mr Maskell-Knight: Yes.	64 - 28/02/2018
SQ18-000048	4 - Individual Health Benefits	Griff, Stirling	Ayurvedic medicine	Senator GRIFF: I have just one last question. The review was unable to complete an assessment of Ayurvedic medicine within the time frames—that's on page 14. Does the department intend to complete the assessment of the clinical effectiveness of Ayurvedic medicine? Prof. Murphy: I'm not aware of any plans to do further work. Senator GRIFF: On notice, that would be great.	67 - 28/02/2018
SQ18-000050	2 - Health Access and Support Services	Griff, Stirling	practitioner performance and complaints	Senator GRIFF: It comes down to, unless there's a complaint, there's no form of checking, unlike an example in New Zealand, where there is quite a robust system of peer review, for instance. In Australia, it's only when there's a complaint, when there's something serious, when you're able to determine that someone shouldn't be practising. Prof. Murphy: I think I should start ahead of my colleague. There are robust systems of peer review for specialists in every public hospital and in every private hospital, and practitioner aberration is often picked up in the public hospital system. Most private hospitals now have proper quality control systems, medical advisory committees and processes to identify. The colleges also have mechanisms, and every one of the states and territories have health complaints commissioners to whom various complaints can be made by people. So it's not just the AHPRA process, but Mr Hallinan can give you more information. Mr Hallinan: As Professor Murphy was saying, there are credentialing processes that happen on site for practitioners. In addition to that, there's a program of continuing professional development that's administered through the medical regulatory process. There is the complaints mechanism as well that you've identified. Beyond that, I think the Medical Board is currently or has recently released a new policy to look at credentialing practitioners as they're practising as well. I'll have to find the details of that though; it's happened in the last 12 months. Senator GRIFF: Could you provide that on notice. But my understanding is, for instance, that peer review in private hospitals is totally voluntary, not mandatory.	69 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000051	4 - Individual Health Benefits	Di Natale, Richard	Child Dental Benefits Schedule split of private and public patients	Senator DI NATALE: Good. Can you tell me about the split of states and territories and the utilisation by public versus private providers? Do you have that information? Ms Edwards: We would have to take that on notice. We do know that about 81 per cent of children are seen every year—that's a global figure. Senator DI NATALE: You mean under this scheme? Ms Edwards: Under any scheme for seeing a dentist. That would be a mix of children accessing the scheme, children accessing the free services provided by states and territories in schools and so on, and parents taking their children to the dentist out of their own pocket or under private health insurance. But we don't have the split available. We can take on notice whether we can provide that. Senator DI NATALE: I would be interested to know the utilisation of the public versus private providers.	70 - 28/02/2018
SQ18-000052	4 - Individual Health Benefits	Di Natale, Richard	National Partnership Agreement on dental services	Senator DI NATALE: How does that compare to the previous agreement? Ms Edwards: It's a reduction from the previous agreement. Senator DI NATALE: Of how much? Ms Edwards: About 30 per cent. I've probably got the exact numbers if you'd like them. Senator DI NATALE: If you can provide me with those numbers, yes. Ms Edwards: I beg your pardon, we'll take it on notice, but it's approximately 30 per cent less than the previous years.	71 - 28/02/2018
SQ18-000053	4 - Individual Health Benefits	Griff, Stirling	Transparency of IVF data	Senator GRIFF: Firstly, I would like to return to questions I asked during the previous estimates, regarding transparency of IVF data. In October, Ms Shakespeare said that the department was in ongoing discussions with industry about publishing success rates on a clinic-by-clinic basis. Has there been any progress on this? Mr Cormack: We'll have to take that one on notice. That work is being undertaken under outcome 4.1 and the officers have departed for the day.	73 - 28/02/2018
SQ18-000054	4 - Individual Health Benefits	Griff, Stirling	IVF data conversations with industry	Senator GRIFF: Okay, what I would like, on notice, is what conversations or meetings have taken place? There were also related questions on notice that I did not even get any response to, and so I will just quote those. If we could receive a response to those, that would be fantastic. I will ask them again. The number was SQ17-001311, for your own information. The first one was about the conversations that the department is having with industry: With regards to publishing comparable IVF data, ... Can the Department please detail what discussions and meetings have been had to date on this issue (when and with whom) and what discussions and meetings are planned for the rest of the FY. a. Have any particular options been examined? That is the first one that wasn't responded to. I also asked: b. Has the made any assessment of the systems used in the UK and US – where the UK's HFEA— That is, the Human Fertilisation and Embryology Authority— collects and publishes clinic performance data and the US's CDC publishes data on ART clinic pregnancy rates - and considered whether it could be applied in Australia? If not, does it plan to do so? One response I got back to a question on notice mentioned the ART MBS number items and the task force review, which does not seem really to be relevant. The response was: 'At this stage the publishing of clinic performance data is a matter for industry.' Can you clarify whether it is in fact the department's aim to make IVF success data publicly available on a clinic by clinic basis in the future?	74 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000055	4 - Individual Health Benefits	Griff, Stirling	Success rates in IVF clinics	Senator GRIFF: Here in Australia there are wide variations, which we have discussed previously, in success rates by clinic. This is a very critical issue for people, particularly young people, who have issues. Yet in Australia there is no intention to provide any of this information that is available in countries overseas. Mr Cormack: I'm not saying it's not an important issue. I don't have the officers here today. My advice is that we have no plans to do that but we are still having ongoing discussions with industry around matters to do with assisted reproductive technology. I will confirm it on notice, but we have no plans to introduce a comparative outcome arrangement for clinics. Looking at it in the broader context of the health system, the comparison of outcomes by practitioner, however much, in a policy sense, that may be desirable, is not actually common practice in Australia. Indeed it's not common practice in many countries around the world to have publicly available comparative outcome performance indicators or information about individual practitioners.	74 - 28/02/2018
SQ18-000056	4 - Individual Health Benefits	Griff, Stirling	ART practitioner noncompliance	Senator GRIFF: My understanding is that most of the incorrect claiming related to items being billed both individually as well as globally. Is my understanding correct? Mr Cotterell: That's right. Senator GRIFF: Did this stem from confusion amongst doctors between ART packages of care and fees for individual services? Mr Cotterell: I'd have to take on notice whether we have any detail about the reasons the doctors gave for that. In answer to your previous question, this is a common occurrence across the MBS where there is a packaged item and individual items. Often, we will find providers claim both of those things.	75 - 28/02/2018
SQ18-000057	2 - Health Access and Support Services	Singh, Lisa	Employment contract of Ms Nash at Charles Sturt University	Senator SINGH: No. It's under the heading 'Post-ministerial employment'. It's 2.25 and 2.26. And my question to you was whether or not you believe that there is a conflict of interest in Ms Nash taking up this position at Charles Sturt University post her employment as minister. Senator McKenzie: I haven't seen her employment contract, so I would have to take that on notice.	80 - 28/02/2018
SQ18-000058	2 - Health Access and Support Services	Siewert, Rachel	Welfare Drug Testing	Senator SIEWERT: I find that extremely surprising. Have you been asked to give any advice—different to: what is the advice?—on possible ongoing monitoring for any deleterious impacts on participants? Mr Laffan: The department continues to participate in interdepartmental committees with the Department of Social Services and the Department of Human Services in relation to this matter. Issues such as ongoing evaluation of any trial in this regard have been discussed in that committee. Senator SIEWERT: How often and how recently? Mr Laffan: I would need to take that on notice. There was a meeting in the last couple of weeks in relation to that committee.	83 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000059	2 - Health Access and Support Services	Siewert, Rachel	Welfare Drug Testing	Senator SIEWERT: This issue of real-time monitoring was discussed? Mr Laffan: I don't have any specific details about what the monitoring program might or might not be in relation to this measure. Again, the Department of Social Services might be able to give you some more details in relation to it. I just know that the department has been engaged in a conversation about what the overall evaluation framework for a potential drug testing trial might look like. Senator SIEWERT: To be clear, this was after the measure was dropped from the welfare reform legislation. There were ongoing meetings of—which departmental committee? There were ongoing meetings talking about drug testing trials. Mr Laffan: There are ongoing meetings, which talk about a variety of topics within that welfare reform measure space, so not just specifically in relation to the drug trial. But we have had some conversations as part of that committee recently in relation to the evaluation. Senator SIEWERT: That was specifically about—I can only ask about what I have seen to date. Mr Laffan: Certainly. I'm not aware of the specifics of that conversation. I'd have to take that on notice. I know just that the overall evaluation framework in relation to the trial was something that was discussed. Senator SIEWERT: If you could take on notice the more specific details about the nature of those discussions, that would be appreciated.	83 - 28/02/2018
SQ18-000060	2 - Health Access and Support Services	Di Natale, Richard	Ice Taskforce Funding	(Page 85) Senator DI NATALE: Are you saying there's no money spent on community meetings? Dr Studdert: There would be some, but I don't think that's the primary intent of this funding. Senator DI NATALE: I recognise that. Dr Studdert: It's a treatment fund and it's intended to service clients that are seeking treatment. Senator DI NATALE: Do you have a breakdown of that? Where that funding is going? If you don't have it, would you be able to provide it on notice? And specifically, how much money is going to additional treatment beds? Mr Laffan: We can certainly break the money down by treatment service type, although the money going into PHNs is just one part of the story as well. ...(Page 86) Senator DI NATALE: I would like to get some sort of detail about the additional treatment beds. I'm interested in knowing how many additional beds we are getting as a result of the commissioning process of the PHNs and new contracts administered. What proportion of those are going to go to additional treatment beds? Mr Laffan: We will be able to give you on notice some information in relation to amounts of money for residential rehab services. We can't give you a direct figure of how many beds that money buys. Senator DI NATALE: So you have no data on what that treatment service looks like, whether we are talking mild or severe in-patient? Mr Laffan: Price per bed depends on many factors: the model of care used within those different services; location; other factors as well. Dr Studdert: We can take on notice to get you a more detailed breakdown of the treatment types and to give the information that we have via the PHNs.	85 - 28/02/2018
SQ18-000061	2 - Health Access and Support Services	Patrick, Rex	Funding for ice addiction treatments	Senator PATRICK: All right. You said this will get better over time, so if you could just have a look at how you might look to extracting information about specific treatments and maybe give some advice back on notice as to how you might approach that and in what time frames. Dr Studdert: Yes, certainly happy to do that.	87 - 28/02/2018
SQ18-000063	2 - Health Access and Support Services	Rice, Janet	Nanoparticles in Infant Formula	Senator RICE: I'm not aware of exactly what is on the website, but, if there is technical or scientific advice that is not on the website, would you be able to provide that on notice? Mr Booth: Absolutely.	90 - 28/02/2018
SQ18-000064	2 - Health Access and Support Services	Griff, Stirling	Glyphosate concerns	Senator GRIFF: As you would be aware, there have been significant concerns in Europe about the herbicide glyphosate. In particular, the EU parliament on 18 January formed a special committee to look into the authorisation procedures for this pesticide. Information on your website indicates that the acceptable daily intake is 0.3 milligrams per kilogram of body weight, and that is based on a study on rats in 1985. Is that correct? Dr Crerar: I will have to take that on notice	91 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000065	2 - Health Access and Support Services	Griff, Stirling	National Residue Survey	<p>Senator GRIFF: The 2017 National Residue Survey showed that the maximum levels of glyphosate were exceeded in samples of chickpeas and oats. Is that of concern to you? Dr Crerar: I can't comment on what it means, in terms of the specific values, but I wouldn't think that, based on those commodities not being a large part of someone's diet—when we look at chemicals and the levels we find in our surveys of chemicals, it's a whole diet assessment of what people would usually have as a diet—I wouldn't expect that to be a problem in the context of an overall diet. Senator GRIFF: Are there ongoing programs to monitor residues in crops? Dr Crerar: Through the NRS, and we look at residues through our Australian total diet survey. Senator GRIFF: Is that publicly available? Dr Crerar: Yes. Senator GRIFF: Can you provide a copy or provide us some information in relation to that. Dr Crerar: Yes.</p>	91 - 28/02/2018
SQ18-000066	2 - Health Access and Support Services	Smith, Dean	Commonwealth Contributions to Public Hospitals	<p>Senator SMITH: I want to go back to the secretary's statement that there has been an increase in Commonwealth contributions to public hospitals. Can you run through what that increase in public contributions has been, state by state? I've got in front of me the Department of Health website—which other senators are free to peruse, if they like—and there are a number of documents there which I think are very, very helpful for those senators that might be interested in understanding the figures. Before we go to that, could you, on a state-by-state basis, demonstrate what that quantum of increased public funding is? Dr Hartland: We do have the information in front of us—do you want me to read out each forward estimate year for each state? Senator SMITH: You can do, yes. Dr Hartland: From New South Wales from—sorry, just checking I'm starting to read from the right table; it would be somewhat confusing, if we had to correct halfway through this. Senator SMITH: You're not referring to the website, are you? Dr Hartland: No, these are figures that were— Senator SMITH: I'll write it down. So, New South Wales—a good first choice. Dr Hartland: In 2017-18, we're anticipating spending six billion; 2018-19, 6.3 billion; 2019-20, 6.7 billion, and 2020-21, 6.97 billion. For Victoria: 2017-18, five billion; next year, 5.2 billion; the year after that, 5.4 to 5.5 billion, and in 2020-21, 5.7 billion. For Queensland— Senator SMITH: At the end of the year-on-year amounts, have you got the cumulative figure? If you don't, that's okay. Dr Hartland: No, we'd have to take that on notice—it's a bit beyond my mental arithmetic.</p>	97 - 28/02/2018
SQ18-000068	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Centres	<p>Ms Cole: No. Headspace had suggested that that community, when we did the original consultation around the original 10 headspace centres, would be one that warranted further consideration, and it also came up in our modelling. The reason why it was not chosen originally was that the youth population in that community is quite small. It was too small, in a sense, to warrant a full headspace centre, which is what we were looking at with the 10. Senator O'NEILL: Was it the No. 1 of the 15 that were left over? Ms Cole: I can't remember off the top of my head the order that the 15 left over were in. I'll provide that on notice for you.</p>	102 - 28/02/2018
SQ18-000069	2 - Health Access and Support Services	O'Neill, Deborah	Headspace Indexation	<p>Senator O'NEILL: Could you provide on notice a list of all the PHNs that have been in contact with the department seeking indexation for their headspace centre? Ms Cole: It's usually an informal conversation where an issue is raised. Whether or not we can remember, or have recorded every one of those incidents, might be— Senator O'NEILL: I might formally encourage all the PHNs to formally write to the department and let it know about their concerns about indexation of headspace. Ms Edwards: I should add that, as far as we're aware, we have not to date had a formal letter, which was your original question in relation to the indexation issue. Senator O'NEILL: From PHNs? Ms Edwards: From headspace. Ms Cole: From headspace national office. Senator O'NEILL: Would you like to check that? If any PHNs are listening, it might be a good idea to write that letter tonight!</p>	103- 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000070	2 - Health Access and Support Services	O'Neill, Deborah	Eating Disorders	<p>Senator O'NEILL: Could I go to the issue of eating disorders. I might put this on notice if it's going to take too long, because I'm very mindful of the time: can the department provide an update on the work being undertaken in relation to the recommended Medicare Benefits Schedule Review Taskforce that was announced by the minister last year, when he indicated options for coverage of treatment needs for those with an eating disorder? Ms Edwards: I'm sorry to say that that's a MBS review item. Staff from that element were dismissed earlier today—I think some time ago—so we might have to take on notice anything to do with the review. Senator O'NEILL: Is it only for NDIS patients that this is being considered? Ms Edwards: From the MBS review of the items— Senator O'NEILL: MBS, not NDIS, sorry. Ms Edwards: That was earlier today. We wouldn't have the material here, I'm sorry. Senator O'NEILL: You might be able to answer this part. In a speech that the minister gave in May last year, he said: [We have to] provide more services and more Medicare support— referring to eating disorders— and I am confident that over the course of the next year we will achieve that outcome. Can you confirm that the Medicare review will be completed within the year, and can you confirm more silver services for eating disorder treatment will be provided within the year? Ms Edwards: We will have to take on notice the process for reviewing those issues in accordance with the MBS review. As I said, those staff are no longer here. Senator O'NEILL: But you do note and recognise that the minister has given a time line; that is, 'in the course of the next year'. That was last May. We've only got a couple of months before he delivers on that commitment. Ms Edwards: I've noted your question.</p>	104 - 28/02/2018
SQ18-000071	2 - Health Access and Support Services	O'Neill, Deborah	National Agenda for Eating Disorders 2017-22	<p>Senator O'NEILL: The minister launched the National Agenda for Eating Disorders 2017-22 with the Butterfly Foundation. Can the department provide an update on work being undertaken to progress the agenda? Mr Millgate: We might have to take that on notice in terms of the funding. The government has provided substantial funding for the Butterfly Foundation over the last two years. I'll have to have a look at what that is. Senator O'NEILL: Given the time situation, I might put that on notice and also ask you to provide a breakdown of the expenditure to date of all the funds in that, so there'll be a question on notice there. Mr Millgate: We can do that</p>	104 - 28/02/2018
SQ18-000072	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Roundtable	<p>Senator O'NEILL: Can the department provide a list of the stakeholders who attended a mental health roundtable at the Melbourne CPO in November last year? Ms Cole: There have been quite a few meetings in the mental health area—sorry, I just had to locate it in my memory. That was a meeting held by the minister. I need to check with the minister's office that they're happy to provide that list, so I'll take that one on notice.</p>	104 - 28/02/2018
SQ18-000073	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Stakeholder Meetings	<p>Senator O'NEILL: Could I ask you to provide a list of separate meetings that the minister had with stakeholders either before or after that roundtable. Ms Cole: I don't have visibility of the minister's diary. I'm aware of this particular one because we assisted with the logistics but not any meetings he may have had before or after. Senator O'NEILL: Can you help with that, Senator McKenzie? Senator McKenzie: Did you say 'secret meetings'? Senator O'NEILL: No. Senator McKenzie: I misheard, sorry. Senator O'NEILL: Separate meetings that the minister had— Senator McKenzie: No, I can't help you with Minister Hunt's diary. Senator O'NEILL: You might take it on notice. Senator McKenzie: I'll take it on notice.</p>	104 - 28/02/2018

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SQ18-000074	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Funding Announcements	Ms Cole: The roundtable did not discuss funding issues, except in the broad. Senator O'NEILL: Would you be able to provide me with a calendar of the dates on which announcements were made by the minister to people who were at the roundtable? Ms Cole: Sorry, can you ask that question again? Senator O'NEILL: The minister was at the roundtable and he met with a number of people and then I understand he made a number of funding commitments. Would we be able to get a time line of those? Ms Cole: I can give you a time line of the minister's public announcements of funding. I'll take that on notice. Senator O'NEILL: And the stakeholders who were at that meeting, if they could be identified. Were any of the funding allocations publicly announced on that day? Ms Cole: I don't recall, but I will check for you. Senator O'NEILL: I would like to know, if so, when they were announced. Who paid for the roundtable to take place? Ms Cole: The meeting was held in the CPO. There were no additional costs aside from the normal costs of holding a meeting in the CPO, as far as I'm aware. I don't think the department paid for travel for any of the delegates, but I will double-check that for you. Senator O'NEILL: Yes, provide on notice the costs there, thanks. Ms Beauchamp: Could I add that the minister meets with a range of stakeholders almost every day, and some of these meetings we would facilitate and some would be private meetings. So I think the best thing we can do is provide all the press releases and the dates around the mental health services to you. Of course, I think it is an issue for the minister who he meets and when, but we can certainly provide information on roundtables we've facilitated and supported in the department. Senator O'NEILL: I'd just like to be able to see the two beside one another and understand who's getting talked to and who's getting funded and when that's happening.	105 - 28/02/2018
SQ18-000078	2 - Health Access and Support Services	O'Neill, Deborah	Mental Health Funding	Senator O'NEILL: On notice, was any of the funding allocated to organisations for evidence based projects? If yes, can the department provide details on those projects. What is the evidence base? What is the observation that happens when you get to renewal of contract? What is the process for making options open to other participants who might want to come into the space, when you're about to allocate something like \$110 million? Basically, what criteria are you assessing this on, and is it just an automatic rollover? Ms Cole: Almost all programs, particularly large programs, are evaluated at some point in their life, usually before the end of the funding cycle. I can provide you with some details on those arrangements.	107 - 28/02/2018
SQ18-000079	2 - Health Access and Support Services	Siewert, Rachel	Beyondblue Funding	Ms Cole: In addition, the National Education Initiative also applies to the under fours, through the childcare arrangements in terms of support for childcare centres in terms of being able to identify any issues emerging in the very young. Senator SIEWERT: That's the beyondblue work? Ms Cole: That's correct. Senator SIEWERT: How much funding is that? If you can't tell me straightaway, can you take it on notice. Ms Cole: We'll take that on notice. Senator SIEWERT: Thank you. I'll put my other questions on notice.	109 - 28/02/2018
SQ18-000080	6 - Ageing and Aged Care	Keneally, Kristina	Aged Care Quality Assessors	Senator KENEALLY: It would be very useful if you could take that on notice and report back. Mr Ryan: On the Courier-Mail element? Senator KENEALLY: I'll repeat the question: last week, The Courier-Mail reported that 56 quality assessors registered with the Australian Aged Care Quality Agency also work in the aged-care industry. Is this correct? If it is not correct, can you please provide this committee with the accurate number. Mr Ryan: We'll take it on notice for clarification.	113 - 28/02/2018
SQ18-000081	6 - Ageing and Aged Care	Keneally, Kristina	Aged Care Quality Assessors	Senator KENEALLY: Minister, in response to the reports by The Courier Mail regarding quality assessors who work in this sector, the Minister for Aged Care, Ken Wyatt, said he would be seeking an explanation from the quality agency. Has the minister done so? If so, what did he find out? Senator McKenzie: I'll have to take that on notice.	113 - 28/02/2018

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SQ18-000082	6 - Ageing and Aged Care	Keneally, Kristina	Aged Care Inspectors	Senator KENEALLY: I will go back to assessors being employed in the industry. Can I ask of the department whether it is preferable that inspectors are not employed in the aged care industry? It is my understanding that the Carnell review has said that it is preferable that they aren't? Ms Rule: The employment of staff by the agency is a matter for the agency. They are an independent statutory authority with the ability to employ their own staff. The employment of those staff is a matter for the agency, not for the department. As to the detail of the Carnell report, I can't recall off the top of my head whether it does say anything about employment of assessors, so we would have to take that on notice to respond to that. I'm sorry, I don't have that detail. It's a 400-page report.	114 - 28/02/2018
SQ18-000083	6 - Ageing and Aged Care	Keneally, Kristina	Aged Care Quality Assessors	Senator KENEALLY: Maybe I could ask the agency: are you aware that the Carnell report has said that it's preferable that quality assessors are not employed by the industry, and do you have any reaction to that? Mr Ryan: The Carnell Paterson review acknowledged the work of the quality agency in developing a workforce that was responsive to the complex residential aged care environment. The review recommended that the capabilities of assessment teams be strengthened, noting, and this is the quote from pages 134 to 135, that, 'The assessment workforce can make greater use of the expertise of people experienced in the use of aged care'. I don't recall any specific comment, but we will take it on notice and we will come back with a detailed answer of the use of people who work in the industry. Senator KENEALLY: There's a difference, you would accept, from being experienced in the aged care industry and actually working in it while you are an assessor of it? Mr Ryan: I understand your question. Hospital accreditation works on the same basis. Senator KENEALLY: I'm not asking about hospital accreditation; I'm asking about aged care. Mr Ryan: We will take that on notice and come back.	114 - 28/02/2018
SQ18-000084	6 - Ageing and Aged Care	Keneally, Kristina	Aged Care Quality Assessors	Senator KENEALLY: How many quality assessors do you have in each state and territory? Mr Ryan: I'm not sure that we would have that data here tonight. I'll come back. I'll take that on notice. Senator KENEALLY: Can you also tell me about the rotation of your quality assessors? You have said a bit about the system flagging conflicts, but do you have any information about the rotation of your quality assessors? Mr Ryan: I can answer that question. It will be quite a detailed answer. If you are happy, I'll table that later— Senator KENEALLY: I'm happy if you table the answers to both of those questions or take them on notice. Mr Ryan: We'll take the other one, on how we team assessors, on notice. There is a specific approach and it is relative to the risk in each home.	115 - 28/02/2018
SQ18-000085	6 - Ageing and Aged Care	Keneally, Kristina	Unannounced Visit Levy	Senator KENEALLY: Minister, is the government going to cover the cost of these unannounced visits? Senator McKenzie: I'll seek the advice of the aged care minister and get that answer to you. Senator KENEALLY: As the department has advised, the government flagged that it would be charging—did you say it was three budgets ago? Ms Rule: Roughly: the 2015-16 budget. Senator KENEALLY: The legislation has not yet been introduced to the parliament. It does remain government policy; it hasn't been changed—is that correct? Ms Rule: That's correct. Senator KENEALLY: So the government policy is still to put a levy on unannounced visits. The legislation is not yet before the parliament. Minister, is the government considering changing the budget commitments that it made in 2015-16? Senator McKenzie: Again, I'll seek the advice of the aged care minister.	116 - 28/02/2018
SQ18-000086	6 - Ageing and Aged Care	Siewert, Rachel	Carnell-Paterson Report	Senator SIEWERT: Basically when I'm told, 'That's a matter for government,' that's my cue to ask you. What's your understanding about how far away, and the nature of the announcement that may be made about the future structure, which is very significant to the other issues that we're talking about, including the single framework? Senator McKenzie: Well, I will be more than happy to take the advice of the aged-care minister and get back to you.	118 - 28/02/2018

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SQ18-000087	6 - Ageing and Aged Care	Siewert, Rachel	Carnell-Paterson Report	Senator SIEWERT: Is it likely that there would be an announcement at a similar time, at least in part, to the response to Carnell-Paterson? Senator McKenzie: I think that's a really sensible question. Senator SIEWERT: Can I have an answer? Senator McKenzie: I will take it to the Minister for Aged Care and get some advice.	119 - 28/02/2018
SQ18-000088	6 - Ageing and Aged Care	Griff, Stirling	State Run Aged Care Homes	Senator GRIFF: Were there any issues identified with the state-run aged-care homes that delivered mental health in other states? Mr Ryan: We conducted, as you can imagine, thorough reviews of state-run mental health facilities. I would have to take on notice whether there were specific matters found, but it was, as you can imagine, a significant piece of action for us throughout all of last year. Senator GRIFF: Given that you have the 24 and the 21, can you provide on notice the special risk assessment reports for those homes? Mr Ryan: Yes, I can.	120 - 28/02/2018
SQ18-000089	6 - Ageing and Aged Care	Griff, Stirling	Accreditation Program	Senator GRIFF: Thank you. I'd also like to refer to your redistribution of the accreditation program. You manage peaks inside auditing—that's coming up, which was referenced a little bit earlier tonight. I note that you estimated in your media release that 600 facilities will have their accreditation extended for between four and 12 months. Mr Ryan: Yes. Senator GRIFF: How many have had, or will have, their accreditation period extended from three years to four years as a result? Mr Ryan: On that specific number, I will take that on notice, Senator.	120 - 28/02/2018
SQ18-000090	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Facility Visits	Senator GRIFF: This is a randomly selected location, but in South Australia Aldinga Beach Court's accreditation was due to expire in September this year and will now expire in September 2019, when it will be audited for the first time since June 2015; so that's more than four years. Mr Ryan: Which home was that, please? Senator GRIFF: Aldinga Beach Court. Mr Ryan: I'm not familiar with the facility. Do you know who the provider is? That might guide me in my answer. Senator GRIFF: I might be able to pull that up, here—no, I can't. I don't have that with me at this point. Mr Ryan: I would have to take that on notice. We did provide extended accreditation for a group of homes in South Australia and that could have been one of the homes involved. There were— Senator GRIFF: It looks like a good facility; however, given the concerns raised with mental-health care and aged-care facilities in SA, obviously, four years is a long time period. A red flag would have to go up on that, so I will be interested in your reply with that. Mr Ryan: We would have not have extended the accreditation if we had any compliance concerns in that home. Ms Rule: There are different types of visits to homes. It's important to note that every facility, regardless of their accreditation period, gets one unannounced site visit per year. It's not the case that that facility would not have been visited by the quality agency during that period; they've just had different types of visits during that period. Senator GRIFF: If you could provide that to me, the types of visits for that facility, that would be appreciated. Mr Ryan: We will.	120 - 28/02/2018
SQ18-000091	6 - Ageing and Aged Care	Griff, Stirling	Home Care Package Funds	Senator GRIFF: I think that's a very, very significant oversight. There have been many issues with providers and yet the fact is that you're actually asking them to do this. What would be the average amount that you believe would be sitting there as unspent funds for those that do disclose it to you? Mr Smith: I'd have to take that on notice.	121 - 28/02/2018
SQ18-000092	6 - Ageing and Aged Care	Keneally, Kristina	Home Care Packages	Senator KENEALLY: Can the department provide the following information: how many old Australians are now receiving a home care package? Ms Rule: At 30 June 2017 it was 71,423 consumers receiving a home care package. Senator KENEALLY: Can the department provide a breakdown of this information by gender? Ms Buffinton: We would have to take that on notice.	124 - 28/02/2018

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SQ18-000093	6 - Ageing and Aged Care	Keneally, Kristina	Home Care Packages	Senator KENEALLY: Thank you very much. Can that information be provided by your planning regions? Ms Buffinton: On notice, we can go into that detail. Senator KENEALLY: Thank you. Is it also possible to provide that information by postcode or local government area? Is that data you would hold? Ms Buffinton: The data we provide is on the aged-care planning region.	125 - 28/02/2018
SQ18-000094	6 - Ageing and Aged Care	Keneally, Kristina	Home Care Packages	Senator KENEALLY: Thank you. How many older Australians on the national prioritisation queue have been waiting more than 12 months for a home care package? Ms Buffinton: We'll have to take that one on notice. Senator KENEALLY: How many older Australians on the national prioritisation queue have been waiting more than two years for a home care package? Ms Rule: We'll have to take on notice the individual numbers of consumers waiting for particular periods.	127 - 28/02/2018
SQ18-000095	6 - Ageing and Aged Care	Keneally, Kristina	Home Care Packages	Senator KENEALLY: For that 40 per cent of people who are on an interim package, can you provide data—on average, how long does it take before they move into a package that meets their needs? Ms Buffinton: We can take that on notice.	127 - 28/02/2018
SQ18-000096	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	Blood Testing in Katherine	Senator MCCARTHY: Who will that be? Ms Appleyard: I'd have to get those names for you. The primary health network is based in Darwin, as you know, but also has its interfaces into the Katherine community. It's working with local GPs. There are a couple of practices up there in particular. As you'd be well aware, there aren't a lot of general practices in Katherine, so we have to look at what's there and how we can work with them and whether it might be necessary to supplement the provision of any of the services.	132 - 28/02/2018
SQ18-000097	5 - Regulation, Safety and Protection	O'Neill, Deborah	RAAF Base Williamtown	Senator O'NEILL: Do you commit to getting the Prime Minister and the Minister for Defence to go with you to Williamtown and actually answer the questions of the local people there? There's great concern. Senator McKenzie: I'll take that on notice. Senator O'NEILL: I hope that's a yes. Senator McKenzie: I'll take that on notice.	133 - 28/02/2018
SQ18-000098	5 - Regulation, Safety and Protection	O'Neill, Deborah	ANU Data	Senator O'NEILL: I will have some questions on notice. Are you working closely with the state health ministry and the ANU? How frequently are you getting updates on this data? And how are you reporting it back to the community? Ms Appleyard: At the moment the ANU are conducting the epidemiological study independently, but there would be certain reporting points at which they need to come back to us in the department. For instance, when the literature review is finalised, we would make that publicly available. We would take advice from the ANU as to when it is appropriate to release information, because it has to be done in context and at an appropriate time. Senator O'NEILL: On notice could I get a detailed outline of how you propose to do that, who gets the contact and how it is distributed. Any information around that will be helpful. Ms Appleyard: Sure.	134 - 28/02/2018

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000099	2 - Health Access and Support Services	Leyonhjelm, David	Explanatory Memorandum to the Treasury Laws Amendment (Illicit Tobacco Offences) Bill 2018	Senator LEYONHJELM: Let me read to you from the explanatory memorandum to the Treasury Laws Amendment (Illicit Tobacco Offences) Bill 2018: In a report on illicit tobacco in Australia, KPMG estimated that illicit tobacco accounted for approximately 14 per cent of total tobacco consumption in Australia in 2016 (KPMG UK, 2017, Illicit tobacco in Australia – 2016 Full Year Report). In other words, the explanatory memorandum for a bill introduced by the minister in relation to illicit tobacco offences refers favourably to the KPMG report. Dr Studdert: That bill is not in our portfolio. I have to take on notice and ask for the ability to review that. Senator LEYONHJELM: I'll give you more to review. The explanatory memorandum also states: Higher excise and excise-equivalent customs duty rates for tobacco improve the health of Australians by discouraging tobacco consumption and reducing their exposure to tobacco products. However, they significantly increase the risk of illicit tobacco being produced or manufactured domestically, or imported into Australia. Do you agree with that? Dr Studdert: Again, I'd have to take that on notice and ask for the ability for us to review that in detail and to consult with our colleagues. Senator LEYONHJELM: All right. Considering I'm being cut off, I will put some questions on notice.	134 - 28/02/2018
SQ18-000111	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	How many Department of Health staff are working on preparations for the Framework Convention on Tobacco Control's 'Eighth Conference of the Parties' (or COP 8) conference in Geneva in November of this year?	Written
SQ18-000112	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Has the size and composition of the Department's delegation to COP 8 been determined yet?	Written
SQ18-000113	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Given the Department's commendable level of consultation with State, Territory and other Commonwealth Departments and agencies for COP 7 will the Department again be seeking widespread input into its preparation for COP 8?	Written
SQ18-000114	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Can the Department list those Commonwealth, State and Territory Departments and agencies it is seeking input from in its preparation for COP 8?	Written
SQ18-000115	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Will any Australian Government officials from outside the Department of Health be accompanying the Health delegation to COP 8?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000116	2 - Health Access and Support Services	Abetz, Eric	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	a) Aside from Ms Madeleine Hayward, does the Department of Health have any other member of staff based in Geneva? b) What is the length of Ms Hayward's tenure in Geneva and at what employment classification level does she work at? c) Is Ms Hayward paid any additional allowances or benefits, apart from her Department of Health salary, while she lives in Geneva?	Written
SQ18-000117	2 - Health Access and Support Services	Bernardi, Cory	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Illicit trade will be a major topic of discussion at this year's Framework Convention on Tobacco Control's 'Eighth Conference of the Parties' (or COP 8) conference in Geneva. As this is an issue outside the Health portfolio's remit, will the Department be adding anyone to its delegation from the Department of Home Affairs who has expertise on the illicit trade in tobacco like it did for COP 7 in Delhi?	Written
SQ18-000118	2 - Health Access and Support Services	Bernardi, Cory	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	The future of e-cigarettes will be a key topic at COP 8. Will the Department acknowledge or refer to the recommendations of the bi-partisan Zimmermann Inquiry into e-cigarettes (whatever they may be) as part of its official position at the COP 8 conference?	Written
SQ18-000119	2 - Health Access and Support Services	Bernardi, Cory	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	Is the Department seeking input from any non-government organisations in Australia in preparation for COP 8 and is it assisting anyone from outside of government to attend the COP 8 conference?	Written
SQ18-000120	2 - Health Access and Support Services	Bernardi, Cory	Eighth Conference of the Parties meeting in Geneva, November 2018 (or COP 8)	a) Are there any impediments or restrictions on a Senator attending the COP 8 meeting as an Australian Government observer or as a private individual? b) If so, could the Department list the reasons or the relevant rules that would prohibit a Senator from attending COP 8?	Written
SQ18-000121	2 - Health Access and Support Services	Reynolds, Linda	Third United Nations Conference on Non-Communicable Diseases in New York, September 2018	Is the Department providing any input, or working with, the World Health Organisation on its report into non-communicable (or chronic diseases) to be presented at the Third UN High Level meeting on Non-Communicable Diseases in New York in September 2018?	Written
SQ18-000122	2 - Health Access and Support Services	Reynolds, Linda	Third United Nations Conference on Non-Communicable Diseases in New York, September 2018	The National Strategic Framework for Chronic Conditions emphasises 'new and innovative policies, strategies, actions and services' to reduce the impact of chronic conditions. Is this the same approach or guiding principle that the Department takes at World Health Organisation fora on non-communicable or chronic diseases?	Written
SQ18-000123	2 - Health Access and Support Services	Reynolds, Linda	Third United Nations Conference on Non-Communicable Diseases in New York, September 2018	The National Strategic Framework for Chronic Conditions states, 'Strong, cooperative and productive partnerships between governments at all levels, non-government organisations, the private sector, industry ... are crucial to successfully preventing chronic conditions.' Is this laudable commitment to industry and private sector inclusion a part of the 'multi-faceted' approach to chronic diseases the Department would take to a WHO sponsored international health forum?	Written

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SQ18-000124	2 - Health Access and Support Services	Reynolds, Linda	Third United Nations Conference on Non-Communicable Diseases in New York, September 2018	The National Strategic Framework for Chronic Conditions states, 'International and national experience indicates a multi-sectoral response is most effective and should involve governments at all levels, non-government and private sectors, communities and individuals.' As a member nation of the WHO, will Australia be encouraging other member nations to take the same multi-sectoral response to reducing their chronic disease burdens?	Written
SQ18-000125	2 - Health Access and Support Services	Reynolds, Linda	Third United Nations Conference on Non-Communicable Diseases in New York, September 2018	Can the Department provide examples of where it has partnered with industry, as intended throughout the Strategic Framework, to ensure the effective prevention and management of chronic conditions?	Written
SQ18-000126	3 - Sport and Recreation	Patrick, Rex	Funding for National Sporting Organisations	For the years 2016/17 and 2015/16 how much money did the following national sporting organisations receive from the ASC: • Athletics Australia • Swimming Australia • Hockey Australia • Equestrian Australia • Cycling Australia	Written
SQ18-000127	3 - Sport and Recreation	Patrick, Rex	Bullying and Harassment Complaints	In regard to the five national sporting bodies, for each organisation, how many bullying or harassment complaints were received from individuals by the ASC for the years 2016/17 and 2015/16?	Written
SQ18-000128	3 - Sport and Recreation	Patrick, Rex	Bullying and Harassment Complaints	In regard to any bullying and harassment complaints received in reference to the five sporting bodies, what action did ASC take in response to those complaints?	Written
SQ18-000129	3 - Sport and Recreation	Patrick, Rex	Member Protection Policy	Does the ASC have a comprehensive member protection policy? Can you please provide the details of this policy?	Written
SQ18-000130	3 - Sport and Recreation	Patrick, Rex	Member Protection Policy	What does the ASC do to enforce the Member Protection Policy in regard to recipients of ASC funding with reference to the below five sporting bodies? • Athletics Australia • Swimming Australia • Hockey Australia • Equestrian Australia • Cycling Australia	Written
SQ18-000131	3 - Sport and Recreation	Patrick, Rex	Sports Funding	Of the five national sporting bodies that receive funding from the ASC, is their funding year to year dependent upon a commitment to follow and enforce the ASC member protection policy in regard to harassment and bullying?	Written
SQ18-000132	3 - Sport and Recreation	Patrick, Rex	Sports Funding	Does the ASC audit any sporting body in receipt of ASC funding as to their compliance with the ASC's member protection policy?	Written
SQ18-000133	3 - Sport and Recreation	Patrick, Rex	Sports Annual Compliance Statement	Are the five national sporting bodies listed below, required to provide to the ASC an annual compliance statement attesting to their adherence with the ASC member compliance policy? If not, why not? • Athletics Australia • Swimming Australia • Hockey Australia • Equestrian Australia • Cycling Australia	Written
SQ18-000134	3 - Sport and Recreation	Patrick, Rex	Sports Funding Compliance	What does ASC do to ensure that a sporting organisation in receipt of millions of dollars of taxpayer money, is held to account in regard to their compliance with the ASC member protecting policy?	Written
SQ18-000135	3 - Sport and Recreation	Patrick, Rex	Harassment and Bullying in Sport	In the financial years 2015/16 and 2016/17, at what ASC board meetings (if any) was the issue of harassment and bullying in sport discussed?	Written
SQ18-000136	3 - Sport and Recreation	Patrick, Rex	Bullying and Harassment in Sport	In regard to any ASC board meetings for the 2015/16 and 2016/17 years, if the issue of bullying and harassment was discussed please provide a copy of those board minutes?	Written

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SQ18-000137	3 - Sport and Recreation	Patrick, Rex	Bullying and Harassment in Sport	How many times for the period 1/7/15 to 31/12/17 has the ASC briefed the Minister for Sport either verbally or by way for written briefing note on the issue of bullying and harassment in sport?	Written
SQ18-000138	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood tests	Why is there a delay in the roll out of PFAS blood tests in the Katherine community?	Written
SQ18-000139	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Tests	Will blood tests be provided to all residents in Katherine or limited to those living near RAAF Base Tindal?	Written
SQ18-000140	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Tests	Please provide details of the consultation and engagement Health has had with the Katherine community regarding PFAS contamination and the roll out of blood tests.	Written
SQ18-000141	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Testing	What consultation and engagement has taken place with the local indigenous communities about PFAS blood testing?	Written
SQ18-000142	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Testing	There have been local reports that the delay in rolling out blood tests in Katherine is due to doctor or nurse shortages. Is this correct?	Written
SQ18-000143	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Tests	What advice has been provided to Health about local resourcing from the PHN?	Written
SQ18-000144	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Tests	How many blood tests were taken up in Williamtown? Are a similar number expected in Katherine?	Written
SQ18-000145	5 - Regulation, Safety and Protection	McCarthy, Malarndirri	PFAS Blood Tests	Will Health provide information to Katherine residents, GPs and health authorities about what the PFAS levels mean?	Written
SQ18-000147	2 - Health Access and Support Services	Siewert, Rachel	FASD Strategy	Where is the National FASD Strategy up to?	Written
SQ18-000148	2 - Health Access and Support Services	Siewert, Rachel	Mental Health in Multicultural Australia (MHiMA)	What is the focus of the work to be delivered? And how will it ensure that CALD populations' needs are advanced consistent with expectations of the Fifth National Mental Health & Suicide Prevention Plan and the Performance Management Framework currently in development by the National Mental Health Commission?	Written
SQ18-000149	2 - Health Access and Support Services	Siewert, Rachel	Mental Health in Multicultural Australia (MHiMA)	How will the work of MHiMA optimise and complement investment provided by the Commonwealth government and states and territories in the development of policy, workforce capability and delivery of frontline care and support that cultural responsive services for migrants and refugees?	Written
SQ18-000150	2 - Health Access and Support Services	Siewert, Rachel	Mental health in Multicultural Australia (MHiMA)	Are the Minister and Department aware of and familiar with the recent background briefing commissioned by the National Mental Health Commission in respect to multicultural mental health and suicide prevention; and to what extent will the findings from this work guide work in this area going forward? In terms of governance and investment, what will this look like?	Written
SQ18-000151	2 - Health Access and Support Services	Siewert, Rachel	Mental Health in Multicultural Australia (MHiMA)	Will the Minister and Department be facilitating direct discussion and commit to meeting with key stakeholders on a cross party basis to advance this area in a sustainable and meaningful way across different levels of government, across sectors i.e. public, private and community, across the continuum of mental health care and across the population age range in a way that engages with the lived experience of CALD consumers and carers given the ongoing difficulties and unresolved issues in this area?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000152	2 - Health Access and Support Services	Siewert, Rachel	Research relating to mental health of older Australians	With reference to SQ17-001144, when will PEARL commence?	Written
SQ18-000153	2 - Health Access and Support Services	Siewert, Rachel	Forced Adoptions package	With reference to SQ17-001140, are people affected by forced adoptions able to access the list of the Forced Adoption Support Services contacts held by their local APS Forced Adoptions network? If not, how are they able to ascertain which clinicians in their area have completed Forced Adoptions training?	Written
SQ18-000154	2 - Health Access and Support Services	Siewert, Rachel	Clinical psychologists	With reference to SQ17-000720, can you please provide the evidence relied on by the Psychology Board of Australia to establish that clinical psychologists have an advanced set of knowledge and skills when compared to generalist registered psychologists and that led to clinical psychology being endorsed as an area of practice?	Written
SQ18-000155	2 - Health Access and Support Services	Siewert, Rachel	Clinical psychologists - Melbourne University research	Is the Department aware of Melbourne University research that reportedly demonstrates there is no difference in patient outcomes from treatment by clinical psychologists and generalist registered psychologists?	Written
SQ18-000156	2 - Health Access and Support Services	Siewert, Rachel	Publication - Dr Stephen Judd	Is the Department aware of the op-ed Paralysed by choice: on tofu and aged care by HammondCare's CEO Dr Stephen Judd published in the Illawarra Mercury on 20 February 2018?	Written
SQ18-000157	2 - Health Access and Support Services	Siewert, Rachel	Home Care packages	a) Has the Department considered the idea of a superannuation style system for home care packages? b) What about the idea of a provider of last resort?	Written
SQ18-000159	3 - Sport and Recreation	Farrell, Don	National Sports Plan	Why was the report on the consultation phase for the development of the National Sport Plan prepared by private consulting agency Urbis?	Written
SQ18-000160	3 - Sport and Recreation	Farrell, Don	National Sports Plan	a) At Supplementary Estimates in October, Mr Smith described a "project team" working across the ASC and Office for Sport on development of the National Sports Plan. Dr Studdert also described the "steering committee". Given the great depth of skill, qualification and experience those people collectively bring to the work, why was it necessary to outsource the preparation of this report to Urbis? b) What was the cost of having the report prepared by Urbis?	Written
SQ18-000161	3 - Sport and Recreation	Farrell, Don	National Sports Lottery	At Supplementary Estimates in October, Ms Palmer offered an in camera briefing on modelling of a National Sports Lottery. Ms Beauchamp, quite fairly, withdrew that offer on the basis that the Minister had not yet been briefed on that modelling. In Estimates on February 28th, Dr Studdert confirmed that modelling had been completed and the Minister had been briefed. Ms Beauchamp then said a briefing "before government considers the sports plan would not be appropriate". Has the Minister asked the Department and / or the ASC to withdraw the offer of a briefing? Did Ms Beauchamp liaise with the Minister or her office about my request for a briefing before stating on February 28 that a briefing would not be appropriate?	Written
SQ18-000162	3 - Sport and Recreation	Farrell, Don	National Sports Lottery	a) On what date was that modelling completed? b) On what date was it provided to the ASC? c) On what date was it provided to the Department? d) On what date was the Minister briefed on the completed modelling?	Written
SQ18-000163	3 - Sport and Recreation	Farrell, Don	Online Gambling Tax	a) Have Departmental and / or ASC officials discussed the Treasurer's plans to fund sport using an online gambling tax with Treasury officials? b) If so, has that been in meetings or by correspondence and when have these communications taken place?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000164	3 - Sport and Recreation	Farrell, Don	Online Gambling Tax	a) Have Departmental and / or ASC officials prepared any briefs for the Minister in relation to the Treasurer's plan to fund sport using an online gambling tax? b) Are officials aware of any briefs from Treasury on that matter having been provided to Minister McKenzie?	Written
SQ18-000165	3 - Sport and Recreation	Farrell, Don	National Sports Integrity Agency	a) Has the Wood Review been completed and, if not, when is it expected to be completed and provided to Government? b) Will the Review be released publicly? c) Will the Government be providing a response to the Review and, if so, when will that response be released?	Written
SQ18-000166	3 - Sport and Recreation	Farrell, Don	National Sports Integrity Agency	Following the Wood Review, what will be the next steps towards establishing a National Sports Integrity agency?	Written
SQ18-000167	3 - Sport and Recreation	Farrell, Don	National Sports Integrity Agency	Is there currently a preferred model for a National Sports Integrity agency being considered and, a) If so, can you please describe that preferred model?	Written
SQ18-000168	3 - Sport and Recreation	Farrell, Don	National Sports Integrity Agency	Is the plan still for it to be an 'opt in' model and, a) If so, will all sports be able to opt in or will some sports have no option but to be included? b) Which sports are expected to opt in?	Written
SQ18-000169	3 - Sport and Recreation	Farrell, Don	National Sports Integrity Agency	Is it a concern that the Coalition of Major Professional and Participation Sports (COMPPS) has indicated that all of its members are unlikely to opt in?	Written
SQ18-000170	3 - Sport and Recreation	Farrell, Don	Fifield funding for Fox Sports	Since Supplementary Estimates last October, has the Department or ASC been asked to provide any advice or input to the Minister or to Minister Fifield, his office or his department about the sorts of guidelines and conditions that might best ensure that this hand-out actually has some benefit in terms of boosting coverage of women's sport?	Written
SQ18-000171	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	a) Could you please provide an update of staffing information for the ASC, including the AIS, to the level of detail provided in response to Question on Notice 1388 from Supplementary Estimates? b) Can you please provide those staffing details broken down against each of the key areas of High Performance, Participation, Corporate Operations and Site Services?	Written
SQ18-000172	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	a) How many of those based outside Canberra are AIS staff? b) Can you please provide a breakdown of ASC and AIS staff based outside Canberra by classification and against each of the key areas of High Performance, Participation, Corporate Operations and Site Services?	Written
SQ18-000173	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	a) How many of those based outside Canberra are AIS staff? b) Do any of those staff based outside of Canberra need to travel to Canberra to perform their duties?	Written
SQ18-000174	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	According to page 120 of the ASC 2016-17 Annual Report, travel costs in that financial year were just over \$2.6 million. Does that figure include any athlete travel or is that entirely staff travel?	Written
SQ18-000175	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	Of the staff travel costs, can you please detail what proportion was for was staff in the high performance, participation and site services areas and how much of that total was spent on corporate operations, administrative, management or board travel?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000176	3 - Sport and Recreation	Farrell, Don	ASC / AIS Staffing	a) Page 120 of the Annual Report shows expenditure on consultants and contractors increased by nearly \$1 million from the previous financial year. Page 128 of the Annual Report shows that compared to the original budget, the ASC incurred more than \$6.25 million extra in supplier expenditure because it had "engaged resources and relevant specialist expertise to assist with the delivery of its programs and to support strategic planning activities". With more than 500 staff at the ASC, why is it necessary to recruit more than \$13 million worth of external contractors and consultants services? b) What skills or areas of expertise were lacking within the Commission that required these external consultants and contractors to be hired? c) If any of those areas of deficiency in skill or expertise relate directly to sport, why with a staff of more than 500 people, doesn't the Australian Sports Commission, the cornerstone of our national sports system have all of the sporting skills, expertise and experience it needs internally? d) Can you please provide a breakdown of who these external contractors and consultants were, what they were hired to do, how much each of those projects or roles has cost and which are ongoing?	Written
SQ18-000177	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) In January this year, Ms Palmer said that "the future of the campus will be part of the National Sports Plan". At what level is the future of the AIS being considered as part of the development of the National Sports Plan? b) Ms Palmer also said "the next step is a masterplan". How will that masterplan be developed, who will be responsible for developing it and when is it expected to be completed?	Written
SQ18-000178	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) The National Institutes Network Review was due to be reported to the Committee of Australian Sport and Recreation Officials (CASRO) by February 28. Was that deadline met and if not, when do you expect the report will go to CASRO? b) Will that report then become the basis of the master plan for the future of the AIS campus in Canberra? c) Will that report be made public? If yes, when and if not, why not? d) Can you please provide an overview of the findings of the review?	Written
SQ18-000179	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) In January, Ms Palmer said "some elements of the site are in dire need of repair". Could you please outline in detail which elements of the site are in need of repair? b) In the same interview, Ms Palmer said the AIS Bruce Campus "needs to be upgraded and fit for purpose for high performance". Can you please outline in detail what parts of the facility need to be upgraded to be fit for purpose for high performance?	Written
SQ18-000180	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	a) A report of that interview on the Canberra Times website on January 11 stated that Ms Palmer confirmed that the sale of Canberra Stadium, the AIS Arena and the AIS pool to the ACT Government was being considered. Are these sales intended to or required to fund the required upgrades? b) Would the sale of one, some or all of those assets provide sufficient revenue to fully or partially fund those upgrades? c) Are any of those three assets being considered for sale to the ACT Government themselves in need of repair or upgrade? d) If so, how would those upgrades be funded and would they be done before or after the potential sales?	Written
SQ18-000181	3 - Sport and Recreation	Farrell, Don	AIS Bruce Campus	What steps will be taken to ensure that athletes participating in high performance programs at the AIS campus would still have priority access to any assets or facilities sold to the ACT Government?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000182	3 - Sport and Recreation	Farrell, Don	Sporting Schools	a) Last estimates I asked about the intention to extend the Sporting Schools program to Years 7 and 8 and focus on girls. Can you please provide an update on the implementation of those intended extensions of the program to Years 7 and 8 to focus on girls? b) As part of that update can you please provide statistics that specifically illustrate the number of Years 7 and 8 students who have participated in the program and the number of girls participating, across all year levels, in comparison to the figures for the program before the extension to Years 7 & 8 and the focus on girls?	Written
SQ18-000183	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Can you please provide statistics for the program since its inception, broken down by Budget year, State / Territory, Year level and gender?	Written
SQ18-000184	3 - Sport and Recreation	Farrell, Don	Sporting Schools	Could you please provide an update of complaints received about the operation and / or implementation of the program, including details of the sort outlined in the response to Question on Notice 924 from Budget Estimates in May?	Written
SQ18-000185	3 - Sport and Recreation	Farrell, Don	Sporting Schools	a) Does Sporting Schools provide any avenue for children who are not interested in organised sports to be more physically active? b) If not, why not? c) If so, can you please detail what options are available for children who are not interested in organised sports to become more physically active through the Sporting Schools program?	Written
SQ18-000186	3 - Sport and Recreation	Farrell, Don	Contract with GOLDOC	At Additional Estimates on February 28, Mr Sharpe said finalisation of a contract for ASADA to provide anti-doping services at the Commonwealth Games was imminent. Can you please outline how long before the start of other major international events in Australia over the past five years similar contracts have been finalised?	Written
SQ18-000187	5 - Regulation, Safety and Protection	Brockman, Slade	Office of the Gene Technology Regulator (OGTR)	Can you outline current status of plants and animals derived from gene editing technologies such as CRISPR CAS9 and similar techniques as distinct from older forms of genetic modification?	Written
SQ18-000188	4 - Individual Health Benefits	Leyonhjelm, David	Private Health Insurance	a) What proportion of holders of private health insurance primarily take out this insurance to avoid the Medicare levy surcharge or because of the Government's lifetime health cover rules? b) To what extent would the abolition of community rating lead to entry into private health insurance and to what extent would it lead to exit?	Written
SQ18-000189	5 - Regulation, Safety and Protection	Leyonhjelm, David	Legislative Instrument Under Section 38.47 of the GST Act	In 2011 the then Health Minister Nicola Roxon made a legislative instrument under section 38.47 of the GST Act. That instrument, the GST-free Supply (Health Goods) Determination 2011, determines that condoms, lubricants, folic acid, sunscreen and nicotine patches and gums are GST-free. Is it within the power of the Health Minister to make another legislative instrument under section 38.47 of the GST Act to determine that sanitary pads and tampons are GST-free?	Written
SQ18-000190	2 - Health Access and Support Services	Leyonhjelm, David	Access to Sanitary Products	Does access to sanitary pads and tampons have health benefits, and is lack of access detrimental to health?	Written
SQ18-000191	5 - Regulation, Safety and Protection	Leyonhjelm, David	Legislative Instrument Under Section 38.47 of the GST Act	Is it within the power of the Health Minister to make another legislative instrument under section 38.47 of the GST Act to determine that e-cigarettes that contain nicotine are GST-free?	Written
SQ18-000192	2 - Health Access and Support Services	Leyonhjelm, David	Tobacco Tax Rate Increases	a) Do tobacco tax rate increases increase the risk of illicit tobacco being produced or manufactured domestically, or imported into Australia? b) Does illicit tobacco meet Australian standards, such as the reduced fire cigarette standard that helps avoid bushfires? c) Is illicit tobacco marketed in plain packaging with graphic health warnings, so as to reduce the attractiveness of the product? d) Does tobacco smuggling help organised crime to smuggle crystal meth?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000193	5 - Regulation, Safety and Protection	Leyonhjelm, David	Poisons Standard for Tobacco	Is there a therapeutic case to remove the exemption from the poisons standard for tobacco prepared and packed for smoking	Written
SQ18-000194	5 - Regulation, Safety and Protection	Leyonhjelm, David	Medicinal Cannabis Regulation	In the 11 May 2017 letter from Minister Hunt to Senator Xenophon, tabled just prior to the first disallowance vote relating to imports of medicinal cannabis, reference was made to the burgeoning Australian industry being put at a significant disadvantage compared to international suppliers. Does medicinal cannabis regulation partly represent industry policy?	Written
SQ18-000195	2 - Health Access and Support Services	Leyonhjelm, David	Daily National Smoking Rate	Has the National Tobacco Strategy 2012 to 2018 failed to achieve its targets of a daily national smoking rate among Australian adults of 10 per cent, and a daily national smoking rate among Aboriginal and Torres Strait Islander adults of between 22 and 24 per cent?	Written
SQ18-000196	2 - Health Access and Support Services	Leyonhjelm, David	Smoking Rates	Has the decline in the rate of smoking in Australia stagnated, despite plain packaging and some of the highest tobacco taxes in the world?	Written
SQ18-000197	2 - Health Access and Support Services	Leyonhjelm, David	Smoking Rates	Has the rate of smoking in countries where e-cigarettes are available for sale, such as the United States, the United Kingdom and across Europe, continued to decline significantly?	Written
SQ18-000198	2 - Health Access and Support Services	Leyonhjelm, David	Closing the Gap	Does the Department take some responsibility for Closing the Gap, and for failures to close the gap?	Written
SQ18-000199	5 - Regulation, Safety and Protection	Griff, Stirling	Flu vaccine availability	What capacity does Australia have to proactively ensure that effective vaccines are made available in Australia? Has any consideration been given to making Australia self-sufficient in supply of vaccines for viruses, particularly those like the flu which have pandemic potential?	Written
SQ18-000200	5 - Regulation, Safety and Protection	Griff, Stirling	FluMist vaccine	FluMist is indicated for children and has been listed by the TGA since 2016. Why was it not available last year? Will it be available this coming year?	Written
SQ18-000201	5 - Regulation, Safety and Protection	Griff, Stirling	Provision of free flu vaccinations	Has the Department done any work/modelling to assess whether provision of free flu vaccinations to more (or all) Australians would have a significant impact in reducing the spread of flu? If so, please provide this information.	Written
SQ18-000202	2 - Health Access and Support Services	Griff, Stirling	Peer review for specialists	Please provide details of the "robust systems of peer review for specialists in every public hospital and in every private hospital" as indicated by the Chief Medical Officer (Proof Hansard, 28 Feb 2018, p 68).	Written
SQ18-000203	2 - Health Access and Support Services	Griff, Stirling	Peer review in hospitals	In what proportion of hospitals is peer review of practitioners not mandatory? Please list the hospitals where peer review of practitioners is not mandatory.	Written
SQ18-000204	2 - Health Access and Support Services	Griff, Stirling	Peer review process participation	What proportion of medical practitioners choose not to participate in a peer review process to obtain their CPD and their approval? Is it possible that medical practitioners who are concerned about their performance would deliberately choose to obtain their CPD and their approval through mechanisms other than by peer review?	Written
SQ18-000205	4 - Individual Health Benefits	Griff, Stirling	Review of natural therapies PHI rebate	Regarding the Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance (the NT Review): How was "clinical effectiveness" defined for the purposes of the Review?	Written
SQ18-000206	4 - Individual Health Benefits	Griff, Stirling	Literature reviews used in natural therapies PHI rebate review	In cases where evidence from the literature reviews was excluded or characterised as low quality, why weren't the NT Review reviewers instructed to retrieve the primary literature rather than relying solely on the literature review reference to the primary literature? Is there a chance that if the reviewers had been tasked with assessing the primary literature they would have found more or better evidence of clinical effectiveness of natural therapies?	Written

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SQ18-000207	4 - Individual Health Benefits	Griff, Stirling	Natural Therapies Review studies and trials	Were the results of studies conducted by registered practitioners considered to be out of scope for the purposes of the NT Review? Were trials with less than 150 participants characterised as unreliable for the purposes of the NT Review? If not, how were such trials characterised?	Written
SQ18-000208	4 - Individual Health Benefits	Griff, Stirling	Natural Therapies Review third party reviewers	How many individual third party reviewers were contracted to undertake the evaluations of the in-scope natural therapies? Who were they? What were their qualifications? What was the total expenditure on third party reviewers?	Written
SQ18-000209	4 - Individual Health Benefits	Griff, Stirling	Timeframe of Natural Therapies Review	What was the timeframe given to the ONHMRC to complete the NT Review?	Written
SQ18-000210	4 - Individual Health Benefits	Griff, Stirling	Response to Natural Therapies Review criticism	An international peer reviewed article by Wardle ("The Australian government review of natural therapies for private health insurance rebates: What does it say and what does it mean?" (2016) Advances in Integrative Medicine, 3, 3-10) contained wide ranging criticisms of the methodology adopted for the purposes of the NT Review. Is it intended that a response will be prepared to these criticisms?	Written
SQ18-000211	1 - Health System Policy, Design and Innovation	Griff, Stirling	Strategic Interoperability Framework	The answer to my Question on Notice (SQ17-001351) advised that the contract for the Strategic Interoperability Framework (the Framework) for Australia was awarded to Ernst and Young in August. When was the contract completed? Please provide a copy of the Framework.	Written
SQ18-000212	1 - Health System Policy, Design and Innovation	Griff, Stirling	Strategic Interoperability Framework timeframes and recommendations	What are the next steps and timeframes for progressing the Framework? What specific recommendations have been/are being implemented?	Written
SQ18-000213	1 - Health System Policy, Design and Innovation	Griff, Stirling	Strategic Interoperability Framework activities to build reports	The answer to my question on notice further advised that "the framework will identify activities required to build reports of hospital and specialist performance data". What sort of activities have been identified that would enable this type of performance data to be collected and shared publicly?	Written
SQ18-000214	6 - Ageing and Aged Care	Griff, Stirling	Review of findings from report into Oakden aged care facility	Has the AACQA reviewed the findings of South Australian Independent Commissioner Against Corruption Bruce Lander's report into the Oakden aged care facility, made public on February 28? Are there any learnings in that report for AACQA? If so, what are they and how will they be enacted within the agency?	Written
SQ18-000215	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Accreditation Program extensions	Re AACQA's "redistribution" of the aged care accreditation program: Mr Ryan noted that extensions would not be granted for homes with compliance issues. Given the concerns raised with mental health care in aged care facilities in SA, what has the agency done to assure itself that the issues seen at Oakden (which passed two audits with flying colours) are not in any way present at any of the homes that have been given extensions – as an example, Aldinga Beach Court in SA which has had its accreditation extended by a year?	Written
SQ18-000216	6 - Ageing and Aged Care	Griff, Stirling	Ashman Grove Hostel accreditation	I note Ashman Grove Hostel in Brompton, SA, scored 44/44 in an audit in October last year, but its accreditation only runs for a year - until December this year. Can AACQA please advise the reasons for this.	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000217	6 - Ageing and Aged Care	Griff, Stirling	Training of AACQA assessors	Regarding the training of AACQA's assessors: does training cover all competencies in all the aged care quality standards which are assessed during audits? Please provide details of the mandatory courses provided to assessors. Please also provide copies of the training materials.	Written
SQ18-000218	6 - Ageing and Aged Care	Griff, Stirling	AACQA assessor training materials	Will courses or training materials have to be adapted to meet the new draft aged care quality standards? If so, when and how is this being done?	Written
SQ18-000219	5 - Regulation, Safety and Protection	Griff, Stirling	Response to Caram-Deelder et al study on blood transfusion	What is the NBA's response to the study by Caram-Deelder et al: "Association of blood transfusion from female donors with and without a history of pregnancy with mortality among male and female transfusion recipients" (2017) J Am Med Assoc. 318(15): 1471 – 1478? Will the NBA implement any changes to the way Australia manages the collection and supply of blood and blood products and services as a result of these findings?	Written
SQ18-000220	5 - Regulation, Safety and Protection	Griff, Stirling	TGA blood testing for prions	Is the TGA testing blood or blood products for prions?	Written
SQ18-000221	5 - Regulation, Safety and Protection	Griff, Stirling	Blood-related products from overseas donors on ARTG	Are there any products listed on the Australian Register of Therapeutic Goods (ARTG) that are (or are permitted to be) manufactured from blood or plasma provided by overseas donors who may get paid to donate?	Written
SQ18-000222	5 - Regulation, Safety and Protection	Griff, Stirling	Imported immunoglobulin	How much immunoglobulin issued to Australian health providers last year was imported? Does the TGA keep a record of the countries which provide the source blood or plasma from which imported immunoglobulin is derived?	Written
SQ18-000223	5 - Regulation, Safety and Protection	Griff, Stirling	Review of restrictions on volunteer donors	Are there any plans to review the restrictions currently placed on volunteer Australian donors (such as those placed on sexually active gay men, whether or not they are in monogamous relationships) to increase the pool of potential Australian donors?	Written
SQ18-000224	5 - Regulation, Safety and Protection	Griff, Stirling	Domestic use of ARTG blood products	Are any blood or plasma derived products on the ARTG listed on condition that they are for domestic use only and are not to be exported? If "yes", which ones?	Written
SQ18-000225	5 - Regulation, Safety and Protection	Griff, Stirling	Applications under Item 2 in Schedule 6 of Customs Regulations	How many applications has the TGA received to export products listed under Item 2 in Schedule 6 of the Customs (Prohibited Exports) Regulations? Please provide a breakdown of the number of applications per year for the past five years and details of how many of these applications have been approved.	Written
SQ18-000226	5 - Regulation, Safety and Protection	Griff, Stirling	Applications to export blood products	How many applications to export a product obtained from the "Australian donor plasma pool" have been received over the past five years? How many of these applications have been approved? How many of the approved applications were made by the sponsor of a product that is listed on the ARTG? How many of the approved applications were made by CSL Behring?	Written
SQ18-000227	5 - Regulation, Safety and Protection	Griff, Stirling	Shipment volume of blood product exports	What is the total "shipment volume" of products obtained from the Australian donor plasma pool that has been approved for export, per year, over the past five years?	Written
SQ18-000228	5 - Regulation, Safety and Protection	Griff, Stirling	Lower dose nicotine products on ARTG	Does the TGA have the power to make it a condition of listing a nicotine product on the ARTG that the sponsor does not make that product available in Australia unless they also list and make a lower dose nicotine product available?	Written
SQ18-000229	5 - Regulation, Safety and Protection	Griff, Stirling	Progress on options for the future regulation of low risk products consultation	Regarding the "Options for the future regulation of 'low risk' products" consultation. The closing date for public comments was 12 May last year. What progress has been made on this since? How many submissions were received? When will the submissions and the consultation outcomes be published on the website?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000230	5 - Regulation, Safety and Protection	Griff, Stirling	Industry consultation regarding future regulation of low risk products	Apart from inviting submissions, what targeted consultation with industry has the TGA undertaken in relation to the options under consideration for the future regulation of 'low risk' products?	Written
SQ18-000231	5 - Regulation, Safety and Protection	Griff, Stirling	TGA position on product options in future regulation of low risk products	Does the TGA have a preferred position in relation to the various options set out in the consultation report, and if so, what are they for: Aromatherapy products? Vitamins and minerals? Homeopathic products? If the TGA has not formally adopted a position in relation to these options, when will it do so?	Written
SQ18-000232	5 - Regulation, Safety and Protection	Griff, Stirling	Impact assessments of options in future regulation of low risk products	What commercial or economic impact assessments of the options under consideration has the TGA undertaken?	Written
SQ18-000233	5 - Regulation, Safety and Protection	Griff, Stirling	Impact on exports from future regulation of low risk products	Has the TGA had any discussions with Austrade or other relevant government agencies as to the impact on exports that may result in relation to the various options under consideration? If so, what was the outcome of the discussions?	Written
SQ18-000234	2 - Health Access and Support Services	Griff, Stirling	Sample collection in 2017 national residue survey	Did FSANZ recommend that any of the samples collected for the purposes of the 2017 national residue survey be collected from crops which received late applications of glyphosate?	Written
SQ18-000235	2 - Health Access and Support Services	Griff, Stirling	Late application of glyphosate monitoring	Late application of glyphosate on barley was first approved by APVMA about a year ago. Is there any work being undertaken by FSANZ to specifically monitor glyphosate residues in barley crops that have had late applications of glyphosate applied to them?	Written
SQ18-000236	1 - Health System Policy, Design and Innovation	Griff, Stirling	Homeopathy and NT Review	A review into homeopathy (Homeopathy Review) was conducted prior to the NT Review. Is it correct that the results of the Homeopathy Review were adopted by the NT Review?	Written
SQ18-000237	2 - Health Access and Support Services	Griff, Stirling	Cost of Homeopathy Review	What was total cost (both internal and external) of the Homeopathy Review? How much of this cost was incurred prior to mid August 2012? In respect of costs incurred prior to mid August 2012, what were they for?	Written
SQ18-000238	4 - Individual Health Benefits	Griff, Stirling	PSA update to Professional Standards Code of Ethics	In 2016/17 the Department paid the Pharmaceutical Society of Australia (PSA) a total of \$829,906 to update its Professional Practice Standards and Code of Ethics (CN3347156 and CN3347158). Was the PSA required to account to the Department for the ways in which this money was spent? If not, why not? If so, please provide a detailed breakdown of exactly how this money was spent (FTE hours, activities, external supplier expenses, etc).	Written
SQ18-000239	4 - Individual Health Benefits	Griff, Stirling	PSA contract	In finalising this contract, what was the process the Department used to determine whether \$829,906 represented value for money and was not in excess of what was required to conduct the task?	Written
SQ18-000240	4 - Individual Health Benefits	Griff, Stirling	New standards in PSA code of conduct	Regarding the PSA's new Professional Practice Standards, Version 5: Version 5 no longer contains separate standards for 'Services to Residential Care Facilities' and 'Pharmacy Services to Aboriginal and Torres Strait Islander Health Services' as these are now absorbed into a single standard called 'Collaborative Care'. However this new standard is less detailed and the obligations on the pharmacists are less specific than in Version 4. Why is the new standard less detailed?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000241	4 - Individual Health Benefits	Griff, Stirling	Payments made to update professional standards	Please provide a list of payments made by the Department for the purpose of updating professional standards or codes to other entities over the past 10 years, including the amount paid to each entity specifically for this purpose.	Written
SQ18-000242	4 - Individual Health Benefits	Griff, Stirling	Updated standards on biosimilars	Please provide a copy of the updated standards on biosimilars that has been undertaken by the PSA as referred to by Ms Shakespeare during Estimates (Proof Hansard, 28 Feb 2018, p 21) and the amount paid or intended to be paid to the PSA specifically for this purpose.	Written
SQ18-000243	4 - Individual Health Benefits	Griff, Stirling	MBS Review on Assisted Reproductive Technology	Will the MBS Review report on Assisted Reproductive Technology services be made public, and if so when?	Written
SQ18-000244	1 - Health System Policy, Design and Innovation	Griff, Stirling	National Health Genomics Policy Framework	What interaction has there been between the Innovation and Science Australia Board (ISA) and the Department regarding the National Health Genomics Policy Framework (the Framework) that is being implemented this year?	Written
SQ18-000245	1 - Health System Policy, Design and Innovation	Griff, Stirling	Incorporation of Genomics and Precision Medicine National Mission into Policy Framework	Is it intended that any aspects of the ISA proposal for the establishment of a "Genomics and Precision Medicine National Mission" ("Australia 2030 Prosperity through Innovation", Nov 2017) will be incorporated into the Framework? If so, which aspects?	Written
SQ18-000246	1 - Health System Policy, Design and Innovation	Griff, Stirling	Stocktake of testing in Framework	The Framework indicates that "a stocktake of clinical genetic and genomic testing" commenced in 2017 (p4). Please clarify what this means (for instance, is the department in the process of creating a list of clinical genomic methods that are currently being used in Australia and overseas?). How far advanced is the stocktake?	Written
SQ18-000247	1 - Health System Policy, Design and Innovation	Griff, Stirling	Implementation plan of Framework	It appears that after the stocktake, the next step is to design an implementation plan. What is the deadline for completion of the implementation plan?	Written
SQ18-000248	1 - Health System Policy, Design and Innovation	Griff, Stirling	Outcome of Framework implementation	Assuming implementation of the Framework is successful, will one of its potential outcomes be that the DNA profile of all Australians may eventually be held on a database?	Written
SQ18-000249	4 - Individual Health Benefits	Griff, Stirling	Exome sequencing application to MSAC	An application for an exome sequencing service ("genetic testing of childhood syndromes") appears to have been submitted in April last year to the Medical Services Advisory Committee for consideration for MBS funding. When will the decision on this application be available?	Written
SQ18-000250	6 - Ageing and Aged Care	Griff, Stirling	Unspent Home Care Packages auditing	When asked during Estimates about the Department's processes for determining that unspent home care package funds are returned as required, Mr Smith said "There's no specific auditing in relation to unspent funds" (Proof Hansard, 28 Feb 2018, pg 121). Does the Department have any proactive internal processes to alert it to potential con-compliance and enable it to initiate compliance action?	Written
SQ18-000251	6 - Ageing and Aged Care	Griff, Stirling	Compliance action for unspent home care funds	What compliance action is available to the department regarding the return of unspent or misspent home care funds?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000252	6 - Ageing and Aged Care	Griff, Stirling	Compliance action taken for unspent home care funds	What compliance action been taken against providers in the past five years in relation to unspent or misspent home care funds? Please provide breakdown by provider, action taken and outcome.	Written
SQ18-000253	6 - Ageing and Aged Care	Griff, Stirling	Aged Care Complaints Commissioner referrals to Department	How many matters has the Aged Care Complaints Commissioner referred to the Department of Health for action? Have any providers demonstrated systemic non-compliance?	Written
SQ18-000254	6 - Ageing and Aged Care	Griff, Stirling	Information provided to the Department from DHS	What, specifically, are the types of information provided to the Department by DHS that assists the Department "to determine whether [home care package providers] are compliant or not" (Proof Hansard 28 Feb 2018, p 121)?	Written
SQ18-000255	6 - Ageing and Aged Care	Griff, Stirling	Non-Compliance mechanism between Department and DHS	Is there a mechanism for ensuring that the Department is informed by DHS when possible instances of non-compliance by home care package providers are identified? If so, what is the mechanism?	Written
SQ18-000256	6 - Ageing and Aged Care	Griff, Stirling	Arrangement for changing care providers	Do care recipients have to try to find their own funds for the first 70 days in order to change care providers?	Written
SQ18-000257	6 - Ageing and Aged Care	Griff, Stirling	Return of unspent funds to estate of care recipient	Does the Department intend to audit a sample of care recipients who have died to determine whether unspent funds are being appropriately returned by providers to the estate of the care recipient?	Written
SQ18-000258	6 - Ageing and Aged Care	Griff, Stirling	Additional aged care beds	a) How many additional aged care beds have been opened in 2015-16 and 2016-17? b) How does this correlate with the increase in the population above 75?	Written
SQ18-000260	6 - Ageing and Aged Care	Griff, Stirling	National Aged Care Quality Indicator Program	a) In response to SQ17-001361 the department stated: "The Department of Health introduced a voluntary National Aged Care Quality Indicator Program (QI Program) for residential aged care services in January 2016. The QI Program is comprised of three Quality Indicators (QIs): Unplanned weight loss, pressure injuries and the use of physical restraint." What percentage, and number, of residential aged care services are participating in the voluntary QI Program? b) What benchmarks are there for each of these three QIs?	Written
SQ18-000261	6 - Ageing and Aged Care	Griff, Stirling	Data relating to National Aged Care Quality Indicator Program	Does the department currently have a national data set against which providers can compare their performance? If so, please provide that data. What number and percentage of providers, by state, are below the average across any of the three indicators?	Written
SQ18-000262	6 - Ageing and Aged Care	Griff, Stirling	My Aged Care website data	According to the Department's website: "Quality indicator data will be published on the My Aged Care website when the data has been established as reliable and accurate, and following stakeholder consultation". When will this occur? Will this be done while it is still a voluntary program?	Written
SQ18-000263	4 - Individual Health Benefits	Griff, Stirling	Continuous Glucose Monitoring eligibility	The number of people under age 21 registered with the NDSS for Type 1 diabetes has consistently been between about 14,000 to 15,000 for at least the past four years. Ms Shakespeare stated that the Department originally estimated that only 4,000 people would be eligible for continuous glucose monitoring program but, to date, 7900 people have been approved as eligible for the program (Proof Hansard 28 Feb 2018 p 75). How was the original estimate that only 4,000 people would be eligible for the program arrived at? What research was used to guide this program?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000264	4 - Individual Health Benefits	Griff, Stirling	Continuous Glucose Monitoring budget allocation	In the 2017-18 Budget, the government allocated \$54 million over five years for continuous glucose monitoring for people under 21 with Type 1 diabetes. Was this amount of funding allocated on the assumption that only 4,000 people would be eligible for the program? Given 7,900 people are already enrolled to date, will this significantly affect the budget allocations in just the first year of this program?	Written
SQ18-000265	4 - Individual Health Benefits	Griff, Stirling	Technology assessment of continuous glucose monitoring devices	What has been the outcome of the health technology assessment for continuous glucose monitoring devices? (described as close to finalisation in answer to QON SQ17-001313)	Written
SQ18-000266	4 - Individual Health Benefits	Griff, Stirling	Cost of extending continuous glucose monitoring availability	What would be the cost of extending the availability of these devices to all Type 1 diabetics up to the age of 25? How many additional Australians would be eligible if the program was expanded to 25 years?	Written
SQ18-000267	2 - Health Access and Support Services	Griff, Stirling	Greater Choice for At Home Palliative Care PHN participation	Regarding the "Greater Choice for At Home Palliative Care" measure: How were the 10 PHNs which have been chosen to participate in the pilot selected?	Written
SQ18-000268	2 - Health Access and Support Services	Griff, Stirling	Outcomes of Greater Choice for At Home Palliative Care	What will be the measurable outcomes of the \$8.3 million program? How will success or otherwise be measured during and after the three-year trial?	Written
SQ18-000269	2 - Health Access and Support Services	Griff, Stirling	KPIs for PHNs in Greater Choice for At Home Palliative Care	Are there KPIs for the 10 pilot sites?	Written
SQ18-000270	4 - Individual Health Benefits	Griff, Stirling	Office of Health Technology Assessment	In response to SQ17-001318, the Department stated it has recently established an Office of Health Technology Assessment. Will the assessments be made by an advisory committee or permanent staff?	Written
SQ18-000271	4 - Individual Health Benefits	Griff, Stirling	Office of Health Technology Assessment staffing	What is the makeup of staff (how many permanent, part-time, casual)? a. How many FTEs is the office budgeted for? b. What qualifications in health technology are the staff required to have?	Written
SQ18-000272	4 - Individual Health Benefits	Griff, Stirling	Office of Health Technology Assessment functions	What type of health services, technologies and procedures are expected to be assessed by the HTA team? What other functions, if any, will the office have?	Written
SQ18-000273	4 - Individual Health Benefits	Griff, Stirling	Office of Health Technology Assessment work with other bodies	What relationship does the office have with MSAC, the Prosthesis list advisory committee and the PBAC and how will they work together?	Written
SQ18-000274	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy	The National Antimicrobial Resistance Strategy (AMR Strategy) has been in operation for about three years now. What is the Department's role in the AMR Strategy and how many FTEs in the Department are working on this?	Written
SQ18-000275	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy departmental spending	How much has been spent on departmental activities in relation to the AMR Strategy to date?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000276	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy priorities	Where does the AMR Strategy fall in terms of departmental priorities, and national priorities?	Written
SQ18-000277	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy activities	It is difficult to understand from the 2017 AMR Strategy Progress Report which activities, other than awareness raising activities, are activities that commenced prior to implementation of the AMR Strategy and which commenced after. Please provide a list of the activities which have been undertaken directly as a consequence of the AMR Strategy.	Written
SQ18-000278	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy website activity	How many hits have there been on the AMR website in total since it went live? (www.amr.gov.au) How many separate hits have there been on each of the following pages: a. For the general public b. For animal owners c. For general practice d. For hospitals e. For aged care f. For pharmacy g. For veterinary practice h. For agriculture and industry	Written
SQ18-000279	5 - Regulation, Safety and Protection	Griff, Stirling	National Antimicrobial Resistance Strategy projects	Under the "Activity and research directory projects", the page lists a total of 4 projects. Are these the only AMR projects in progress or completed? a. If not, please list other projects underway and completed. b. If they are, is this an acceptable level of uptake? Is the Department looking at increasing this, and if so, by what means?	Written
SQ18-000282	0 - Whole of Portfolio	Patrick, Rex	FoI request made by former Senator Xenophon	What is the total cost invoiced by external lawyers to the Department of Health in the Freedom of Information request made by former Senator Nick Xenophon (Department Reference FOI-107-1617), including in the matter of Nick Xenophon and Department of Health (Freedom of Information) [2018] AICmr 20 (7 February 2018) and subsequent AAT Review?	Written
SQ18-000283	0 - Whole of Portfolio	Patrick, Rex	AAT review of former Senator Xenophon and Department of Health	What is the estimated total legal cost for the AAT review of Nick Xenophon and Department of Health (Freedom of Information) [2018] AICmr 20 (7 February 2018)?	Written
SQ18-000285	2 - Health Access and Support Services	Leyonhjelm, David	Private Hospital Advantages	To what extent does taxpayer support, such as private health insurance rebates, contribute to a financial advantage for private hospitals and doctors in private hospitals to arrange caesarean rather than natural births?	Written
SQ18-000286	2 - Health Access and Support Services	Watt, Murray	PHN Commissioning Contracts	a) What percentage of PHN commissioning contracts, by dollar value, go to GPs or groups of GPs? b) What percentage, again by dollar value, go to ACCHOs? c) Please provide a breakdown by PHN.	Written
SQ18-000287	2 - Health Access and Support Services	Rice, Janet	Head to Health home page - transgender and intersex	On the Department's Head to Health home page there is a "transgender and intersex" heading, but it links to a page that exclusively covers gender expression. Searching for "intersex" returns both gender expression and sexual orientations pages with no information relating to people with intersex variations. - What consultation did you have with intersex individuals or groups when designing this website? - When will the website be updated to include relevant and useful information relating to people with intersex variations and their families?	Written
SQ18-000288	0 - Whole of Portfolio	Kitching, Kimberley	Ministerial functions	In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio in calendar year 2017, 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 (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000289	0 - Whole of Portfolio	Kitching, Kimberley	Departmental functions	In relation to expenditure on any functions or official receptions etc hosted by the Department or agencies in the portfolio in calendar year 2017, can the following please be provided: a) List of functions; b) List of attendees; c) Function venue; d) Itemised list of costs (GST inclusive); e) Details of any food served; f) Details of any wines or champagnes served including brand and vintage; and g) Details of any entertainment provided.	Written
SQ18-000290	0 - Whole of Portfolio	Kitching, Kimberley	Executive office upgrades	Were the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, upgraded in calendar year 2017? If so, can an itemised list of costs please be provided (GST inclusive)?	Written
SQ18-000291	0 - Whole of Portfolio	Kitching, Kimberley	Facilities upgrades	Were the facilities of any of the Department's premises upgraded in calendar year 2017, for example, staff room refurbishments, kitchen refurbishments, bathroom refurbishments, the purchase of any new fridges, coffee machines, or other kitchen equipment? If so, can a detailed description of the relevant facilities upgrade please be provided together with an itemised list of costs (GST inclusive)? Can any photographs of the upgraded facilities please be provided?	Written
SQ18-000292	0 - Whole of Portfolio	Kitching, Kimberley	Staff travel	What was the total cost of staff travel for departmental employees in calendar year 2017?	Written
SQ18-000293	0 - Whole of Portfolio	Kitching, Kimberley	Media monitoring	What was the Department's total expenditure on media monitoring in calendar year 2017?	Written
SQ18-000294	0 - Whole of Portfolio	Kitching, Kimberley	Advertising and information campaigns	What was the Department's total expenditure on advertising and information campaigns in calendar year 2017?	Written
SQ18-000295	0 - Whole of Portfolio	Kitching, Kimberley	Promotional merchandise	What was the Department's total expenditure on promotional merchandise in calendar year 2017?	Written
SQ18-000296	0 - Whole of Portfolio	Kitching, Kimberley	Ministerial overseas travel	Can a copy of all correspondence exchanged between Ministers or Assistant Ministers in the portfolio and the Prime Minister in relation to approval for overseas travel in calendar year 2017 please be provided?	Written
SQ18-000297	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	According to the My Health Record website, some 3,578,326 dispensing documents have been uploaded by pharmacists into My Health Record to allow clinicians and patients alike to track what medicines have been dispensed. 1. Can the dispensing data generated by My Health Record be used for real world evidence studies to examine patient outcomes? a. [If so] Who would be able to access this data to fund and undertake studies? b. What will the process for organisations to access this data? c. When does the Department anticipate that organisations will be able to begin accessing this data for the purpose of research?	Written
SQ18-000298	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	2. Will the Department wait for the publication of framework for the secondary use of My Health Record Data to guide this approach to dispensing data? a. [If so] Can the Department provide an update on the process to develop the framework? When does the Government expect to make the framework public?	Written
SQ18-000299	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record	3. What is the current capability of My Health Record to integrate with existing patient registries in Australia? a. Does the Department believe pursuing alignment between My Health Record and the existing patient registries will benefit patient outcomes? b. What is the process that the Department will follow to pursue alignment? c. What is the work that needs to be done to make this happen? d. Who will the Department consult through this process? e. When does the Department anticipate that this alignment would occur?	Written
SQ18-000300	1 - Health System Policy, Design and Innovation	Watt, Murray	ME/chronic fatigue syndrome research	The NHMRC has established a ME/chronic fatigue syndrome advisory panel and issued a targeted call for research into ME. How will the NHMRC ensure the views of leading Australian scientist and clinicians are included in this process?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000301	1 - Health System Policy, Design and Innovation	Watt, Murray	ME/chronic fatigue syndrome research	Will the NHMRC consider ways it can make the work of the advisory committee transparent, in order to receive support from patients, clinicians, health officials and researchers?	Written
SQ18-000302	1 - Health System Policy, Design and Innovation	Watt, Murray	Me/chronic fatigue syndrome research	Will the NHMRC make it a requirement that ME research it funds will need to use a defined criteria/guidelines?	Written
SQ18-000303	1 - Health System Policy, Design and Innovation	Keneally, Kristina	Research Funding of Stillbirths	Does the Department of Health provide funding for stillbirth research? Does any other associated federal agency provide funding (directly or indirectly) for stillbirth research?	Written
SQ18-000304	1 - Health System Policy, Design and Innovation	Keneally, Kristina	Research Funding of Stillbirths	Please provide a breakdown, year on year for the last 10 years, of all stillbirth research funding, from the Federal Government and other sources?	Written
SQ18-000305	2 - Health Access and Support Services	Watt, Murray	Practice Incentives Program / Quality Improvement Incentive	Which Practice Incentives will now be rolled in to the proposed Quality Improvement Incentive?	Written
SQ18-000306	1 - Health System Policy, Design and Innovation	Keneally, Kristina	Research Funding of Stillbirths	What are the stated objectives of stillbirth research funding?	Written
SQ18-000307	1 - Health System Policy, Design and Innovation	Keneally, Kristina	Research Funding of Stillbirths	Please provide a breakdown, year on year for the last 10 years, of all recommendations or findings of funded stillbirth research (where this is possible)?	Written
SQ18-000308	2 - Health Access and Support Services	Watt, Murray	Practice Incentives Program / Quality Improvement Incentive	Why has the Government delayed the new Quality Improvement Incentive again? To when?	Written
SQ18-000309	1 - Health System Policy, Design and Innovation	Keneally, Kristina	Public Hospital Funding	What is the difference, by state, of funding Commonwealth public hospital funding received in 2017, compared to what would have been received in 2017 under the original 2011 agreement?	Written
SQ18-000310	2 - Health Access and Support Services	Watt, Murray	Practice Incentives Program / Quality Improvement Incentive	The 2016 Budget included \$21 million in savings from changes to the Practice Incentives Program. It said these would go to the Health Care Homes trial – but the 2017 Budget shows that no money will be spent on that trial until 2019-20. How has the \$21 million been spent? Could this process lead to further savings?	Written
SQ18-000311	2 - Health Access and Support Services	Watt, Murray	Allied health training	Allied health practitioners may bill patients using certain limited MBS items for health services provided. The Department has indicated that where a patient will be billed using these MBS items, an allied health student may only observe the service being provided (with the appropriate consent), but cannot assist or participate in the service provision. Does the Department consider that this affects the capacity to train allied health students?	Written
SQ18-000312	2 - Health Access and Support Services	Watt, Murray	Practice Incentives Program / Quality Improvement Incentive	a) Has the Department done any modelling on whether any general practices will be worse off under the changes? [If yes:] What does it show? b) Is the Department aware of modelling by anyone else? [If yes:] What does it show? c) Can the Department guarantee that no practices will be worse off under these changes?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000313	2 - Health Access and Support Services	Watt, Murray	Workforce shortage on NSW Central Coast	In regards to the \$100,000 working group convened by Hunter, New England and Central Coast Primary Health Network and announced in May 2017 by Federal Assistant Minister for Health, Dr David Gillespie and Member for Robertson, Lucy Wicks: a) Who were the participants of the working group and what bodies or agencies did they represent? b) How many meetings did this working group undertake? c) Does this working group continue to meet? d) When was the last meeting? e) Can we be provided with the minutes of these meetings? f) How much of the \$100,000 allocated has been spent? g) Can you provide a breakdown of this expenditure? h) What budget did this funding come from? i) What were the terms of reference for this working group? j) When and at what occasion were these terms of reference formulated and ratified? k) Did this body produce a report? If so, can you provide us with this document? l) If the working group didn't produce a report, why not? m) What were the findings and outcomes of this working group? n) Was there any feedback from primary health providers, participants or local constituents about the working group and its outcomes?	Written
SQ18-000315	2 - Health Access and Support Services	O'Neill, Deborah	Suicide Prevention Trial Sites	a) Can the Department provide a detailed summary in relation to the work that has been undertaken to date across the 12 suicide prevention trial sites? b) Can the Department also include, in its summary, a list of each Local Government Area (LGA) that is involved in each of the 12 trial sites. c) Can the Department confirm that each LGA has its own advisory/working group? If yes, can the Department provide the start dates when these working/advisory groups within each of the trial starts first met and to list any other meetings that have occurred? d) Does each working/advisory group for each suicide prevention trial site have an action plan? If so, can the Department provide a copy? e) Is the Department aware of any Members or Senators that have written to the Minister concerned about the timeframe in relation to the 12 suicide prevention trial sites? If yes, can the Department provide a list of Members and Senators that have written with their concerns or requesting the Minister to consider extending any of the 12 suicide prevention trial sites? f) Is the Department aware of any PHNs that have written to the Minister asking for an extension to the timeframe for any of the suicide prevention trial sites?	Written
SQ18-000317	2 - Health Access and Support Services	Watt, Murray	Medical schools	a) What is the status of the national assessment of medical schools? b) When will the assessment be finalised and released publicly?	Written
SQ18-000318	2 - Health Access and Support Services	O'Neill, Deborah	Psychosocial Support	An answer to a question on notice from supplementary estimates last year stated the criteria for the National Psychosocial Support measure. It stated that: The National Psychosocial Support Working Group has agreed a definition for what constitutes psychosocial support funding and a funding distribution model for the National Psychosocial Support measure. These terms and conditions will form the basis of bilateral negotiations and will be publicly available once bilateral agreements are finalised. Given the Government is proposing to release this information only once agreements are finalised, can the Department provide details in relation to the following information: a) What is the agreed definition for what constitutes psychosocial support funding; b) What is the funding distribution model for the National Psychosocial Support measure; c) Have all states and territories agreed to match the Federal Government funding; and d) What states and territories will have existing funding considered as a matched contribution.	Written
SQ18-000319	2 - Health Access and Support Services	Watt, Murray	Stronger Futures Program	Can you provide a list of all of the programs and initiatives funded under the Stronger Futures Program in the Northern Territory in September 2013, and provide details on where and how this funding has been allocated, how it was originally to be reported against, how it is reported against now, and changes to any of the funding streams since that time?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000320	2 - Health Access and Support Services	O'Neill, Deborah	National Psychosocial Working Group	An answer to a question on notice from supplementary estimates last year listed the membership of the National Psychosocial Support Working Group. Further to this information, can the Department provide the following information: a) What is the mental health expertise of each Working Group member; b) What members of the Working Group have expertise or experience in delivering community- based mental health psychosocial support.	Written
SQ18-000321	4 - Individual Health Benefits	Watt, Murray	Biosimilars - naïve prescribing	In an article titled "PBAC was asked to mandate biosimilars for new patients", published in Pharma Dispatch on 12 February 2018, it states that the Department of Health asked the Pharmaceutical Benefits Advisory Committee (PBAC) in April 2015 to consider the appropriateness of initiating all treatment naïve patients on biosimilar medicines. a. Can the Department provide insights into the PBAC's deliberations? b. What was the PBAC's advice to the Department?	Written
SQ18-000322	2 - Health Access and Support Services	O'Neill, Deborah	Stakeholder Meetings	a) Can the Department provide a list of meetings the Prime Minister and Minister have had with mental health stakeholders over the past 12 months? b) Can the Department provide the briefing notes for any meetings the Prime Minister and Minister have had with stakeholders?	Written
SQ18-000323	4 - Individual Health Benefits	Watt, Murray	Biosimilars - naïve prescribing	The Strategic Agreement with Medicines Australia states "that physicians will retain, in consultation with their patient, prescriber choice". How does the Department intend to make sure that biosimilar mechanisms to drive uptake remain consistent with the commitment to retain prescriber choice?	Written
SQ18-000324	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	Can the Department provide a detailed list of funding for all of the headspaces, including the recently announced outreach service?	Written
SQ18-000325	4 - Individual Health Benefits	Watt, Murray	Biosimilars - naïve prescription	Is the Department currently developing additional policy mechanisms that would drive uptake of biosimilar medicines? a. Who is involved in the decision making process? b. Who will be consulted along the way? c. In its response to Senator Watt's question from October 2017, the Department noted that "Prescribers will continue to be responsible for determining the appropriate treatment for their patients – including the medicines they prescribe – based on their clinical judgement." Would the policy mechanisms currently under consideration impact the ability for a clinician to choose the most appropriate therapy for their patient?	Written
SQ18-000326	4 - Individual Health Benefits	Watt, Murray	Biosimilars - awareness initiative	The Biosimilars Awareness Initiative was announced in May 2015 as part of the Pharmaceutical Benefits Scheme Access and Sustainability Package. The Initiative's Reference Group gives guidance on activities and ensures key messages are clearly articulated and appropriately targeted. a) Does the Biosimilars Awareness Initiative Reference Group continue to meet? b) Has the Department committed to making the communiques available from these meetings? c) When will communiques from meetings held since November 2016 be made available from the Department's website?	Written
SQ18-000327	2 - Health Access and Support Services	O'Neill, Deborah	Headspace	Can the Department provide a full list of headspace services including outreach services by state/territory and electorate?	Written
SQ18-000328	4 - Individual Health Benefits	Watt, Murray	Biosimilars - awareness initiative	Prior to the Initiative publishing new materials can you please describe the consultation process with stakeholders? a) Who do you consult with? b) What timeframes do you provide for consultation? c) What has been the feedback received during the consultation process?	Written
SQ18-000329	2 - Health Access and Support Services	O'Neill, Deborah	Head to Health	a) How many visits have been made to the Head to Health website since its launch? b) How many interactions has Sam the Chatbot had with visitors to the website? c) What are the issues that visitors are raising with Sam the Chatbot? d) Who is providing advice during interactions with the visitor and Sam the Chatbot?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000330	2 - Health Access and Support Services	O'Neill, Deborah	National Education Initiative	a) How much money has been allocated to evaluation for the National Education Initiative? The focus of this funding will be to train and support teachers to identify at risk students, is this correct? If yes, why isn't the funding being directed at students? b) Who will be conducting the evaluation process? c) What outcomes are being assessed? d) Is the National Education Initiative opt-in? If so, how is it being ensured that all schools participate?	Written
SQ18-000331	4 - Individual Health Benefits	Watt, Murray	Medicare bulk billing	In SQ17-1439, the Department provided the number of patients who had all GP services bulk billed in 2016-17. Please provide the same figure for each state/territory and Commonwealth electoral division (noting that the Department has been able to break down other Medicare data by state/territory and CED, e.g. SQ17-1436 and SQ17-1511).	Written
SQ18-000332	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	Part of the Lead Sites agenda is to focus on services for youth with, or at risk of, severe mental illness. Can the Department confirm the total amount of funding that is allocated to the 10 PHN Mental Health Lead Sites for services for youth with, or at risk of, severe mental illness and provide a breakdown for each PHN? Are they being used to strengthen headspace capacity? If not, what are they being used for? Is there use going to evidence-based care? If not, why not?	Written
SQ18-000333	4 - Individual Health Benefits	Watt, Murray	PBS - Cost-recovery model changes	a) Can you confirm that the Department is currently implementing a new fee structure for PBS cost-recovery? b) Can you please explain the changes? c) Is it correct that the cost of a major PBAC submission will double? d) What is proposed to happen to the cost of listing a new generic brand?	Written
SQ18-000334	4 - Individual Health Benefits	Watt, Murray	PBS - Cost-recovery model changes	a) Can you please explain how stakeholders were included in the development of this new fee structure? b) Were stakeholders involved in the development of these changes – or are they merely being consulted after the fact? c) Is this in line with your own guidelines? d) Is this in line with the Government's strategic agreement with Medicines Australia?	Written
SQ18-000335	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	Can the Department provide a detailed list of the services being offered by the 10 PHN Mental Health Lead Sites with regard to youth mental health, including services for youth with, or at risk of, severe mental illness?	Written
SQ18-000336	4 - Individual Health Benefits	Watt, Murray	PBS - Cost-recovery model changes	a) Can you please explain the activity-based work model used to calculate the new fee model? b) Have you given industry this detail? c) What is the timeline for this process? Do you expect it to be resolved by the next Budget? d) Is there any discussion of a potential cap on PBAC submissions if the cost-recovery guidelines are not agreed to?	Written
SQ18-000337	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	All 31 PHNs are required to deliver early intervention services for children and young people with, or at risk of, mental illness. Can the Department confirm the total amount of funding that is allocated to the PHNs for delivery of early intervention services for children and young people with, or at risk of, mental illness and provide a breakdown for each PHN?	Written
SQ18-000338	2 - Health Access and Support Services	O'Neill, Deborah	Primary Health Networks	Can the Department provide a detailed list of the services being offered by the PHNs with regard to delivery of early intervention services for children and young people with, or at risk of, mental illness?	Written
SQ18-000339	4 - Individual Health Benefits	Watt, Murray	PBS - rebate changes	a) Is the Department undertaking work in relation to the payment of PBS rebates? b) Is the Government proposing to eliminate rebates under special price arrangements?" c) Will the proposed change only apply to special price arrangements? d) Why was this issue not included in the Government's strategic agreement with Medicines Australia? e) Have any individual companies agreed to this variation? f) How many individual deeds of agreement are there currently?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000340	2 - Health Access and Support Services	O'Neill, Deborah	Youth Mental Health Research Funding	Can the Department provide a detailed list of the youth mental health/suicide prevention research projects and eating disorder research projects that were successful in this round of the National Health and Medical Research Council's fellowship program announced by the Minister on 11 October, 2017? Can the Department also provide the total amount of funding allocated to this particular round as well as the total amount of funding that was allocated to youth mental health/suicide prevention and eating disorder specific research projects/programs/services?	Written
SQ18-000341	4 - Individual Health Benefits	Watt, Murray	PBS - expenditure	In previous Estimates we have been told that a "component" of the \$1.8 billion in savings from the Government's agreement with Medicines Australia has been allocated to the contingency reserve. Can you confirm it is a "component" and not all of the \$1.8 billion?	Written
SQ18-000342	2 - Health Access and Support Services	O'Neill, Deborah	Vision 2030	During the Minister's Speech at the Grace Groom Memorial Oration, he announced that he will be developing "Vision 2030 long-term national mental health blueprint". Can the Department provide an update on the work being undertaken? Including: a) Time frames; b) List of stakeholders consulted; c) Additional funding; and d) Scope of work.	Written
SQ18-000343	4 - Individual Health Benefits	Watt, Murray	Electronic systems for prescriptions	a) Within the Medicines Australia Strategic Agreement, there's a commitment to implement an e-Prescribing system. Can the Department provide an update on the implementation of this system? b) Have consultants been engaged to develop and roll out the program? Who are they, what is their remit, and what is the worth of their contract? c) Will pharmacies be required to upload medicine dispensing information into a patient's record?	Written
SQ18-000344	4 - Individual Health Benefits	Watt, Murray	MRI licences	The Department recently told the Committee's inquiry on diagnostic imaging: ""Through Medicare enrolment and claims processing systems maintained by the Department of Human Services, together with information about where Magnetic Resonance Imaging (MRI) machines are located, data are collected that identify the patient's address and where they had the MRI service. These data are provided regularly to the Department of Health. These data can be analysed for most geographic regions, for example, the states and territories, Primary Health Networks, Australian Bureau of Statistics statistical areas and remoteness area classifications."" a) Please provide any analysis the Department has undertaken on this data - e.g. to identify shortages. b) Please also provide the de-identified data itself.	Written
SQ18-000345	5 - Regulation, Safety and Protection	Watt, Murray	Codeine	a) Is the department aware if the cost of prescription codeine to the consumer has increased since 1 February 2018, when all medicines containing codeine required a prescription? If so, what is the nature of those price increases, for example source (eg wholesaler, manufacturer or pharmacy), location, number? Who has reported the increases? b) Has the department provided any advice to the Minister for Health on price changes of codeine? c) Since the up-scheduling of codeine to prescription only, what has the government been doing to address the prevalence and escalation of chronic pain in the Australian community?	Written
SQ18-000346	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Prevention Campaigns	Please provide a breakdown, year on year for the last 10 years, of all stillbirth prevention measures, including information or other campaigns	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000347	5 - Regulation, Safety and Protection	Watt, Murray	Opioids consultation	The TGA has released a consultation process on options for a regulatory response to the potential misuse of prescribed Schedule 8 (S8) opioids in Australia with the consultation process closing on 2 March 2018. a) Can you step us through the next steps the TGA will follow after the consultation process closes?" b) Will there be further consultation with external stakeholders? If so, what will it aim to achieve and who will you approach? c) When does the TGA expect to present the Minister for Health with its recommendations for their approval? d) Given the roles of the state and territory governments in the prescribing and supply of controlled drugs, and other medicines that have an abuse potential, what is the process to engage, and gain approval, of the states and territories for recommendations? " e) When does the TGA expect to publically release its response?	Written
SQ18-000348	5 - Regulation, Safety and Protection	Watt, Murray	Medicine labelling	Is any change to the voluntary system for country of origin / country of manufacture labelling of medicines being considered?	Written
SQ18-000349	5 - Regulation, Safety and Protection	Watt, Murray	Gene Technology Regulation	If the Office of the Gene Technology Regulator's proposed amendments to regulation of organisms modified using site-directed nucleases without templates to guide genome repair were adopted, in what way would these organisms be regulated? How does this compare to the approach taken by comparable international regulators?	Written
SQ18-000350	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Prevention Campaigns	Please provide a summary of the measureable impacts, or presumed impacts, of funded stillbirth prevention measures, including information or other campaigns?	Written
SQ18-000352	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Prevention Campaigns	What advice or resources are provided to expecting mothers to prevent stillbirth? a) How has this advice changed in the last 10 years? b) What feedback has the department received?	Written
SQ18-000354	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Prevention Campaigns	What overseas jurisdictions is the Department considering to inform itself about stillbirth prevention programs?	Written
SQ18-000355	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Prevention Campaigns	How does the department support healthcare providers to raise awareness and promote education regarding stillbirth prevention?	Written
SQ18-000356	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Data Collection and Use	Does the Department of Health record the number of stillbirths in Australia each year? - (If so) What is the data collection methodology? a) What is the process for reviewing and recording perinatal deaths? b) Is data collected in a uniform manner across all states and territories? (if not, please provide clarification on how data collection is different) c) Are there any known (or possible) variations with the data collection methodology? d) How could the data collection methodology be improved? e) Please provide that data, year on year and state by state, for the period 2008 - 2018. f) Can the Department please also provide this data by SA4 or similar?	Written
SQ18-000357	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Data Collection and Use	How is data on stillbirths used? a) How is the data on stillbirths used to establish trends? b) How is the data on stillbirths used to improve or inform hospital services? Please provide examples. c) How is the data used to inform research funding?	Written
SQ18-000358	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Data Collection and Use	How is data on stillbirths used for prenatal and perinatal services, or other health services?	Written
SQ18-000359	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	What work has the Department undertaken to ascertain what the demand will be in the future for home care packages - that is - peak demand? If no work has been undertaken why is this the case?	Written
SQ18-000360	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Data Collection and Use	Which other agencies or organisations collect stillbirth data? a) If the Department has any other data collected, could they please provide it?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000361	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	a) Can the Department provide the current Home Care Package vacancy rate? If not, why not? b) What is the average time it is taking consumers to activate their package once they have been told one is available for them? c) Can the Department give an average for level 1, 2 3 or 4? If not, why not? d) Can the Department advise how many additional packages are currently scheduled to come on line in each year of the forward estimates? Please provide year by year. If unable to provide this information how many additional packages from now to the end of the forward estimates does the Government expect to be available in the current Budget figures?	Written
SQ18-000362	2 - Health Access and Support Services	Keneally, Kristina	Stillbirth Data Collection and Use	What international sources in the department using to inform itself about stillbirth prevention?	Written
SQ18-000364	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	How many older Australians are now receiving a home care package? Can the Department provide a breakdown of this information by gender? How many of these are level 1, 2 3 or 4? How many older Australians have been assigned a home care package but are currently on the national prioritisation queue awaiting services? Can the Department provide a breakdown of this information by gender? How many of these packages are level 1, 2, 3 or 4? What is the average wait time for a level 1, 2 3 or 4 home care package? How many older Australians on the national prioritisation queue have been assigned an interim level package that allows them to receive home care at a lower level? Does this data include the 6,000 additional places where there was a readjustment to the ratio?	Written
SQ18-000365	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Data	In relation to the 6,000 additional packages can the Department explain the following: a) How was the 6,000 figure reached? b) Did the Department provide a number of options to the Minister regarding the quantum of home care packages that could be readjusted? c) What levels are the 6,000 additional packages?	Written
SQ18-000366	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	a) How many older Australians on the national prioritisation queue have been waiting more than 12 months for a home care package? b) How many older Australians on the national prioritisation queue have been waiting more than two years for a home care package?	Written
SQ18-000368	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	Can the Department provide the dates when all future quarterly data will be released? If not, why not?	Written
SQ18-000370	6 - Ageing and Aged Care	Polley, Helen	Home Care Packages Data	Given Home Care Package data, in the three releases to date, shows a steady increase - the second data release was around a 12 per cent increase - does the Department expect the waitlist to grow every quarter? The Department has provided a breakdown of home care package waiting list by state and territory. Why can't the Department provide a breakdown by electorate if post codes are known? If not, why not?	Written
SQ18-000371	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Data	Can the Department provide the dates when all future quarterly data will be released? If not, why not? Given Home Care Package data, in the three releases to date, show steady increase - the second data release was around a 12 per cent increase, does the Department expect the waitlist to grow every quarter? The Department has provided a breakdown of home care package waiting list by state and territory. Why can't the Department provide a breakdown by electorate if post codes are known? If not, why not?	Written
SQ18-000372	6 - Ageing and Aged Care	Polley, Helen	Home Care Package Waiting List	The Department explained in a question on notice from supplementary estimates last year that the queue as part of the home care package wait list was "dynamic". Can the Department explain what it means by this?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000373	6 - Ageing and Aged Care	Polley, Helen	Transitioning from CHSP	a) Can the Department provide details regarding how many older Australians are currently funded for services, or a package, as part of the Commonwealth Home Support Program (CHSP)? b) Can the Department outline how much funding is allocated to older Australians under the CHSP? c) Are these services or the package of services older Australians receive as part of the CHSP, comparable to a level 1 or 2 home care package?	Written
SQ18-000374	4 - Individual Health Benefits	Watt, Murray	Biosimilars - Awareness Initiative	The Biosimilars Awareness Initiative was announced in May 2015 as part of the Pharmaceutical Benefits Scheme Access and Sustainability Package. The Initiative's Reference Group gives guidance on activities and ensures key messages are clearly articulated and appropriately targeted. a) Does the Biosimilars Awareness Initiative Reference Group continue to meet?	Written
SQ18-000375	4 - Individual Health Benefits	Watt, Murray	Biosimilars - Awareness Initiative	Has the Department committed to making the communiques available from these meetings? a) When will communiques from meetings held since November 2016 be made available from the Department's website?	Written
SQ18-000376	6 - Ageing and Aged Care	Polley, Helen	Transitioning from CHSP	What is the revised time frame for the transition of the CHSP to take place in 2020 and can the Department provide an update on its preparedness for the changeover?	Written
SQ18-000377	6 - Ageing and Aged Care	Polley, Helen	Transitioning from CHSP	Has the Department undertaken any work on unmet need around the CHSP? Is the Department going to do this work? If not, why not?	Written
SQ18-000378	6 - Ageing and Aged Care	Polley, Helen	Transitioning from CHSP	Can the Department provide a breakdown of what is in the Budget for CHSP in the current year and for 2018-19; 2019-20; 2020-21? Has funding been redirected from CHSP to other government programs? If so, can you please provide a breakdown and the amounts?	Written
SQ18-000379	6 - Ageing and Aged Care	Polley, Helen	Transitioning from CHSP	Will responsibility for CHSP be moved to DSS to join other grants based programs?	Written
SQ18-000380	6 - Ageing and Aged Care	Polley, Helen	ACAR	When is the Government going to announce the next ACAR for residential aged care places?	Written
SQ18-000381	6 - Ageing and Aged Care	Polley, Helen	Dementia Diagnosis Supplement	a) How many older Australians currently receive the dementia supplement in home care? How much funding is allocated to the DDS? b) How many older Australians currently receive the cognition supplement in home care? How much funding is allocated to the CS? c) Why doesn't the Department collect data regarding whether consumers in receipt of an interim home care package have a diagnosis of dementia?	Written
SQ18-000382	6 - Ageing and Aged Care	Polley, Helen	Aged Care Funding Instrument	a) What impact have the ACFI changes had on Government residential aged care funding outlays? b) Has the Government done any modelling on the R-ACFI model and what do the findings indicate are the impacts?	Written
SQ18-000383	6 - Ageing and Aged Care	Polley, Helen	Dementia - Residential Aged Care	a) An answer to a question on notice from last year's supplementary estimates suggests that 50 per cent of residential-care consumers have a diagnosis of dementia as at 30 June, 2016. The data was derived from the ACFI assessments administered by the Department. Does the Department believe that this figure is accurate? If so, why? If not, why? b) Can the Department explain what information is gathered as part of the ACFI assessment to determine or verify the resident's dementia diagnosis? Who makes this assessment? How is this assessment made? c) Can the Department provide the amount of funding given, under ACFI, for a dementia diagnosis?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000384	6 - Ageing and Aged Care	Polley, Helen	Dementia Research	a) Can the Department provide details in relation to the total amount of funding invested towards dementia research? b) Can the Department provide a breakdown of how the funding is allocated and what outcomes have been achieved to date? Can the Department confirm if any research projects that have been funded from the dementia research allocation are being practically used in residential aged care facilities or in the home to help older Australians with dementia?	Written
SQ18-000385	6 - Ageing and Aged Care	Polley, Helen	Reviews and Reports	Can the Department explain the rationale around why there is a need to have had so many individual reviews, reports and inquiries across aged care rather than have undertaken an integrated approach where there has been one umbrella review where the system is looked at as a whole?	Written
SQ18-000386	6 - Ageing and Aged Care	Polley, Helen	Tune Review	The 2017 MYEFO made reference to the Budget dealing with the Tune Review. a) Can the Department advise if the Government will respond to all of the recommendations in the Tune Review? b) Will this be a written response or will it be a budgetary response? A recommendation from the Tune Review is to introduce a level 5 package. c) Has the Department undertaken any work to ascertain the cost of a level 5 package? If not, why not? If yes, can the Department outline the main differences would be between a level 4 and level 5 package?	Written
SQ18-000387	6 - Ageing and Aged Care	Polley, Helen	Rosewarne Report	Can the Department confirm if the Government will be responding to the ACFI Report as provided by Applied Aged Care Solutions Pty Ltd better known as the Rosewarne Report? Is the Department aware of any concerns raised by the aged care sector in relation to the Rosewarne Report? If so, what are the concerns?	Written
SQ18-000388	6 - Ageing and Aged Care	Polley, Helen	Wollongong Report	Can the Department confirm if the Government will be responding to the Wollongong Report? If so, when will the response be made public? If not, why not?	Written
SQ18-000389	6 - Ageing and Aged Care	Polley, Helen	Workforce Taskforce	a) Can the Department provide an update on the progress of the Taskforce Workforce? Is work on track to ensure the taskforce is set to report by June this year? b) Will the Government provide a formal response to this report? If yes, when is it set to respond? c) Can the Department confirm that there will be an additional member assigned to the taskforce that is an aged care worker? d) Can the Department provide a full list of the membership of the taskforce including the name of the person representing workers?	Written
SQ18-000390	6 - Ageing and Aged Care	Polley, Helen	Law Reform - Elder Abuse	Is the Department engaging with any working group to progress the Government's response to the 'Protecting the Rights of Older Australians from Abuse' report? Can the Department confirm if the Attorney-General's Department is the lead agency? What role is the Department of Health playing in the Government's response?	Written
SQ18-000391	6 - Ageing and Aged Care	Polley, Helen	Combining Agencies	A recommendation included in the Carnell / Paterson review outlines a closer working relationship between the accreditation agency and the complaints agency. Can the Department confirm if the Government is actively considering this recommendation? If yes, can the Department provide an update on the work that has been undertaken to date? If not, why isn't this recommendation being considered?	Written
SQ18-000392	6 - Ageing and Aged Care	Polley, Helen	Unannounced Visits - Spot Checks	Can the Department clarify the statements made at Supplementary Estimates in February regarding recommendation 8 of the Carnell-Paterson Review. The Minister has publicly stated that the Government will adopt recommendation 8 that is: 'Ongoing accreditation, with announced visits, to assure safety and quality residential aged care'. However, the Department stated that the work being undertaken is in relation to 'unannounced reaccreditation audits'. Can the Department confirm if the unannounced visits are for accreditation or re-accreditation? If the Department is working on as it suggested 'unannounced reaccreditation audits' what has changed since the Minister's announcement and Supplementary Estimates.	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000393	6 - Ageing and Aged Care	Polley, Helen	Unannounced Visits - Spot Checks	a) In relation to unannounced visits and increased monitoring, can the Department outline what the cost will be for residential aged care facilities? What do these costs cover? How have these costs been determined? b) Can the Department explain why residential aged care facilities are charged a fee for unannounced visits rather than using that money for the delivery of care? Why isn't the Government covering the cost of these unannounced visits as are other visits currently?	Written
SQ18-000394	6 - Ageing and Aged Care	Polley, Helen	Annual & Lifetime Caps	a) Can the Department provide the number of older Australians receiving home or aged care services that reached the annual cap last year? b) Can the Department provide the number of older Australians receiving home or aged care services that have currently reached the lifetime cap? c) How many older Australians do you expect to reach the annual and lifetime caps each year? Do you have forecasts for future years? d) Have annual or lifetime caps been breached at any time? If yes, how many and when?	Written
SQ18-000395	6 - Ageing and Aged Care	Polley, Helen	Aged Care - Fees	Can the Department explain how it is making fees more transparent for consumers? What mechanisms or communication channels are being used to convey this information to consumers?	Written
SQ18-000396	6 - Ageing and Aged Care	Polley, Helen	ACAT & RAS	Is the Department undertaking any work with a view to combining ACAT and RAS?	Written
SQ18-000397	6 - Ageing and Aged Care	Polley, Helen	ACAT & RAS	Can the Department provide details in relation to the amount of funding each state and territory government receives for providing the ACAT & RAS assessments?	Written
SQ18-000398	6 - Ageing and Aged Care	Polley, Helen	Residential Aged Care	a) Can the Department provide details in relation to the current occupancy rates of Australia's residential aged care facilities? b) What are the current costs associated with a residential aged care bed? What are the construction costs and what are the care costs? c) Can the Department provide details on the work it is undertaken to ascertain what the projected bed growth will need to be in residential aged care over the next five years? If no work has been undertaken, why not? d) Can the Department provide details in relation to the current number of unused residential aged care bed licenses? e) Can the Department confirm if any money has been taken out across the forward estimates and reallocated to other areas within the aged care portfolio? If yes, has any funding allocated to bed licenses that are unused been redirected to home care packages?	Written
SQ18-000399	6 - Ageing and Aged Care	Polley, Helen	Reporting and Sanctions	a) Can the Department provide the number of reports it has received from residential aged care facilities in the last 12 months? b) Can the Department provide a list of the reasons why residential aged care are having to provide reports? c) What does the Department do with the reports once they are received? d) Is there any interaction with the residential aged care facility after the report has been received by the Department? e) Can the Department provide a copy of these reports? If not, why not? f) Can the Department provide details in relation to how many Residential Aged Care facilities are currently sanctioned? What are the main reasons for why these facilities have been sanctioned?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000400	6 - Ageing and Aged Care	Polley, Helen	My Aged Care	1. How many inquiries are made via My Aged Care? Can the Department provide a breakdown of the following: a) Number of inquiries via the call centre; b) Number of inquiries via the portal; c) Number of inquiries via the newly established Parliamentary Liaison My Aged Care telephone line. 2. Are any calls to My Aged Care unanswered? If yes, how many? 3. Can the Department provide an update on the amount of funding that has been allocated to My Aged Care as individual amounts since 2013? 4. Can the Department explain how the additional funding of \$25 million has been allocated? For example, how much of the \$25 million has been allocated for call centre services and how much has been allocated to work undertaken to the portal or website? 5. How is the Department measuring the effectiveness of the additional funding? For example making the website more user-friendly and reducing jargon? 6. Has there been a Gateway Review Process applied to My Aged Care? a) If yes, how many Gateway Review Processes have there been in relation to My Aged Care? When did these Gateway Review Processes occur? b) If no, why has there been no Gateway Review Processes on My Aged Care?	Written
SQ18-000401	6 - Ageing and Aged Care	Polley, Helen	Aged Care Complaints Commission	What is the review process available to individuals if they are unhappy with the outcomes of the Aged Care Complaints Commissioner's investigation? Does the Commonwealth Ombudsman have any jurisdiction?	Written
SQ18-000402	6 - Ageing and Aged Care	Keneally, Kristina	Australian Aged Care Quality Agency	Can you confirm how the The Courier-Mail reported that 56 quality assessors registered with the Australian Aged Care Quality Agency, when Mr Ryan told the committee it was 141 quality assessors who work in the industry?	Written
SQ18-000403	6 - Ageing and Aged Care	Keneally, Kristina	Australian Aged Care Quality Agency	Can you rule out there are no conflicts of interest amongst those assessors who work in the industry and who are engaged as external assessors?	Written
SQ18-000404	6 - Ageing and Aged Care	Keneally, Kristina	Australian Aged Care Quality Agency	When will the government implement recommendation 8 of the Carnell Paterson review?	Written
SQ18-000405	6 - Ageing and Aged Care	Keneally, Kristina	Home Care Packages	How many older Australians are receiving a home care package as of 30 January 2018? Can you please break down this number by type.	Written
SQ18-000408	4 - Individual Health Benefits	Griff, Stirling	IVF Transparency	In answers to questions I put during Supplementary Estimates in October, Ms Penny Shakespeare said the department was in "ongoing discussions" with industry about publishing success rates on a clinic-by-clinic basis (Ref SQ17-001126). During Additional Estimates in February, Mr Mark Cormack said there were no plans to publish clinic data (Hansard pg 74). Was Ms Shakespeare being truthful in her evidence in October? a) Please clarify whether the Department is open to publishing clinic outcomes data, and whether this is part of its "ongoing discussions" with industry (please note – the question relates to publishing outcomes for each clinic, as happens in US and UK, not comparative 'league tables'.) b) If so, please detail what conversations have been held with industry regarding ART data over the past three years, detailing dates, participants at the meeting (department and external organisation) and outcomes.	Written
SQ18-000409	1 - Health System Policy, Design and Innovation	Griff, Stirling	Natural Therapies	The Chief Medical Officer stated that he was not aware of any plans to complete an assessment of the clinical effectiveness of Ayurvedic medicine (Proof Hansard, pg 67). Will the PHI Rebate continue to apply to Ayurvedic medicine after April 2019?	Written
SQ18-000410	2 - Health Access and Support Services	Griff, Stirling	Glyphosate Concerns	Please provide a copy of the complete study dated 14 February 1985 that is identified on your website as the data which supports the ADI of 0.3 mg/kg of glyphosate (i.e. the study cited as the "3-gen reproduction rat study; a NOAEL of 30 mg/kg bw/d was based on an absence of any adverse effects at the highest tested dose").	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000411	4 - Individual Health Benefits	Di Natale, Richard	Private Health Insurance	Senator DI NATALE: So you're basically saying there's a 22 per cent reduction from this quarter to the corresponding quarter, but you haven't got any data in the intervening quarters? Ms Shakespeare: That's right. We tend to compare by quarters because there can be seasonal impacts on complaints and the use of private health insurance. Senator DI NATALE: Okay. On notice, can you take the complaints over the previous two quarters as well. Ms Shakespeare: Okay. Senator DI NATALE: Thank you.	67 - 28/02/2018
SQ18-000412	2 - Health Access and Support Services	Rhiannon, Lee	Primates	What are the number and species and status of animals currently held at the three primate breeding facilities, and for each year since 2014 (last updated from Questions on Notice 5/2/15)	Written
SQ18-000413	2 - Health Access and Support Services	Rhiannon, Lee	Primates	What are the number and species of primates imported into Australia since 2014.	Written
SQ18-000414	2 - Health Access and Support Services	Rhiannon, Lee	Primates	Seeking an update on answers to Budget Estimates June 2015 Ref No.SQ15-000408: How many government grants have been made that involve using primates since 2014? a) Who/what body was the grant given to? b) What was the dollar value of the grant? c) What is the purpose of the research or activity? d) What were the species, sex and numbers of primates used for each project?	Written
SQ18-000415	6 - Ageing and Aged Care	Fawcett, David	Aged Care Accreditation	Senator FAWCETT: How long did that take to return to accreditation? Once an issue's been identified, how quickly would you expect a home and the governing authority to take action? Mr Ryan: Where there are failures against the standard, a home is placed on a timetable for improvement. Often, if there is failure against the standard, with might reduce the period of accreditation. I would have to take on notice the statistical trend, but we would need to be satisfied at the next reaccreditation audit that they met all 44 outcomes and that they were able to demonstrate full compliance. On the information I have tonight, when Oakden was placed under extended scrutiny, it's noted that 80 per cent of the 57 services returned to a three-year accreditation faster than Oakden. Oakden had an extended period of noncompliance around 10 years ago—about 12 to nine years ago. That was a particularly extended period. That's an outlier in terms of the history of accreditation within Australia. Where homes have such extended and protracted noncompliance, it's often that they would leave the industry or the providers would leave the industry or that we would revoke accreditation. But 80 per cent of the 57 services identified returned to full accreditation faster than Oakden did, but the vast majority would not have had the degree of noncompliance of Oakden.	110-111 - 28/02/2018
SQ18-000416	2 - Health Access and Support Services	Rhiannon, Lee	Ejiao Health Claims or Risks	With regard to Ejiao, a product made from boiled donkey skins, China's official National Health and Family Planning Commission has advised consumers that ejiao is "not worth buying" and despite its many health claims is "just boiled donkey skin"; "is not a good source of protein" and that its health claims were at best overstated. a) What is the interaction by Australian health authorities with the other Australian department or trade authorities with regard to the importing of this product? b) What oversight do Australian authorities have with regards to claims of medicinal or health benefits from this product? c) What interaction do Australian authorities have with Chinese health authorities with regards to supporting or allowing any trade in Ejiao considering food safety or health risk responsibilities?	Written

PDR No.	Outcome	Question Submitted By	Subject	Full Question Text	Hansard/Ref
SQ18-000417	2 - Health Access and Support Services	Rhiannon, Lee	Health Risks Eating Kangaroos	<p>An experienced ex-departmental vet Dr Curran has described an undiagnosed mass mortality event of kangaroos in western NSW from late 2016, and expressed serious concern that the commercial shooting industry and government departments expressed no interest in responding to his reports, or ensuring affect kangaroos did not enter any food supply chain: a) What details does the department have of this latest mass mortality event, including dates, numbers of reported dead animals, correspondence and complaints by Dr Curran? b) What are government procedures to ensure kangaroos from affected areas do not enter the food supply chain for humans and pets? c) What are the procedures to inform supermarkets and suppliers of kangaroo meat from such areas? d) Who holds liability for any present or future health risks from eating the flesh from any kangaroos shot in the affected areas? e) What are the resources being invested to find as yet unknown cause of these mass mortality events? f) Is the department aware of concerns expressed by virologists that Australian mammals, and specifically wallabies and kangaroos, are likely to be hosts for unknown zika-like viruses? What is the interaction between health authorities, scientist's concerns and the commercial industry? g) Which government agency is responsible for ensuring kangaroos shot in affected areas do not enter the meat supply chain?</p>	Written