

**Supplementary Budget Estimates - 24 October 2018  
Department of Health**

| PDR No      | Outcome   | Senator            | Broad Topic   | Question   | Type of Question:<br>Hansard / Written                |
|-------------|---|--------------------|---|--|---|
| SQ18-000989 | 0 - Whole of Portfolio                          | Polley, Helen      | Aged Care Funding                                     | Ms Beauchamp: But I think, still, the bottom line is that there has been additional funding going into aged care since the budget you referred to. Senator POLLEY: Can I ask, then, whether the sector was consulted before this cut was made? Ms Beauchamp: I'd have to take that on notice. It was two years ago.  | Hansard Proof, 24 October 2018, CA Committee, Page 8  |
| SQ18-000990 | 0 - Whole of Portfolio                          | Di Natale, Richard | Funding for Preventative Programs                     | Senator DI NATALE: I don't know how you allocate total funding for preventative programs looking specifically at alcohol, obesity and tobacco. Mr Yannopoulos: I have some numbers that break down 'other': preventative health and chronic disease supports in 2017-18, \$374 million; 2018-19, \$399 million; 2019-20, \$394 million; 2020-21, \$392 million; and 2021-22, \$383 million. Senator DI NATALE: Why is that projected to decrease? Mr Yannopoulos: I'd have to take that on notice—I don't know—or we could deal with it later today. Senator DI NATALE: I'll perhaps interrogate that in the relevant outcome. Mr Yannopoulos: I suspect it's savings at some point. Senator DI NATALE: I have some additional cannabis questions, but it would probably be unfair to— Ms Beauchamp: To add to what Mr Yannopolous said about preventative health, some of that is included in primary care, MBS and some of the other mainstream programs. We'll get a more definitive figure later. Senator DI NATALE: Yes, I understand that probably includes primary health networks and so on, does it? Ms Beauchamp: Yes, that's correct. Senator Scullion: We'll take those questions on notice and try to have the answers back shortly.          | Hansard Proof, 24 October 2018, CA Committee, Page 11 |
| SQ18-000991 | 1 - Health System Policy, Design and Innovation | Watt, Murray       | Section 23 of the National Health Reform Agreement    | Senator WATT: Okay, maybe not at ministerial level. At that most recent meeting of the state, territory and Commonwealth health ministers, the COAG Health Council agreed to invoke section 23 of the National Health Reform Agreement and refer this dispute to COAG if it is not resolved by this Friday, 26 October. Can you give us any previous examples of section 23 being invoked? Ms Beauchamp: Could I just first correct something. It wasn't COAG that agreed; it was the states and territories that invoked that clause. Senator WATT: Okay. So all the states and territories agreed to refer the dispute to COAG, if it's not resolved by this Friday. Has that ever happened before? Ms Edwards: Not that I'm aware of. Ms Beauchamp: I'd have to take it on notice. Ms Edwards: But clause 23 is a reasonably new agreement, so it's not as though we have decades— Senator WATT: Sure, but there would be similar clauses in previous agreements. Ms Edwards: I'm not aware of any, but we will take that on notice. Senator WATT: Our research is that this would be the first time that a dispute has had to be referred to COAG because it hasn't been able to be resolved among ministers. Ms Beauchamp: We'll take that on notice. | Hansard Proof, 24 October 2018, CA Committee, Page 13 |
| SQ18-000992 | 0 - Whole of Portfolio                          | Watt, Murray       | Advice on Policy Concessions and Spending Commitments | Senator WATT: Just one quick thing on another topic before I hand over to Senator Singh. Minister, have you been asked to provide advice on policy concessions or spending commitments that could be made to members of the House crossbench? I'm asking you here as a representative of the health minister. Senator Scullion: I understand that, and you'd understand that I'll have to take that on notice, Senator, but if we can find an answer to that question today, we will. Senator WATT: Okay. Senator Scullion: Can I just take that on notice? Senator WATT: Sure. What about in your own portfolio, where you might have more knowledge? Senator Scullion: What the question again? in regard to my—? Senator WATT: I was asking about Health, which you will take on notice. In your own portfolio, have you been— Senator DEAN SMITH: No, this is not Indigenous Affairs. That's Friday. Senator WATT: Okay. I just thought it might be an opportunity for the minister to clarify.  | Hansard Proof, 24 October 2018, CA Committee, Page 16 |

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| SQ18-000993 | 6 - Ageing and Aged Care | Watt, Murray  | Aged Care Royal Commission Advice        | <p>Senator WATT: When did you first provide advice to the government about the need for a royal commission? Ms Beauchamp: I would have to take that on notice. Senator POLLEY: Really! It is the biggest thing that has happened in aged care since we were in government, when we established the platform for the reform. We are now having a royal commission into aged care—you keep telling us at every estimates how there is more and more money going into it—and you can't tell us when you gave advice to the government on calling a royal commission. Ms Beauchamp: I am suggesting that advice to government on a royal commission matter comes from a number of sources— Senator POLLEY: It does. But we are talking about your responsibility as secretary to this department. Senator WATT: You are the primary department. Ms Beauchamp: Senator Watt asked what advice there had been to government. We provide advice to ministers responsible in this portfolio on a number of issues and we would have provided advice on the royal commission, at various stages, to our ministers. Senator POLLEY: So, you're not prepared to put a date as to when you gave advice to the government that there was a need for royal commission. Or, did you not in fact give advice about calling a royal commission—that this was done by the Prime Minister himself? Ms Beauchamp: I suggested to Senator Watt that I will take that on notice. Is it advice to our ministers. ... Senator WATT: Yes. Let's cut through all that. What we're focusing on here is advice that the department provided to either the Minister for Aged Care or the Minister for Health about the need for a royal commission. Ms Beauchamp: We provide a range of advice on a number of matters. We would have provided advice on royal commission issues. I'll take on notice when I or the department provided that advice to both our ministers. Senator POLLEY: So you can't then confirm whether that advice was given in mid-August, prior to the minister being interviewed on the Four Corners program? ... Ms Beauchamp: As I mentioned, we provide advice to our ministers, both oral and written, every day. I think it's probably unreasonable to expect that there was one piece of advice that either went to either minister or that we provided to government. Government makes these decisions on the basis of advice from a number of different sources, including our ministers in the Health portfolio, the Prime Minister &amp; Cabinet portfolio, the Attorney-General's portfolio, the Treasury portfolio and a range of other portfolios. Senator POLLEY: And you're prepared to table the reports which you made the basis of your advice to the minister? Ms Beauchamp: I'll take on notice the exact sources of that information, but I think, as Ms Jolly said, it's from publicly available information through annual reports. I'll see what we can provide, yes. ... Senator SIEWERT: Can I just double-check one more question to take on notice? Senator Polley may have covered this point, but I'll just double-check in case I missed it. In terms of what you are taking on notice about the advice that was given, are you taking on notice the timing of that advice? Ms Beauchamp: I'm not taking on notice the content of that advice. Senator SIEWERT: I understand. We'd like you to! We might as well ask you, just in case. Ms Beauchamp: I think the question was when we provided advice. Senator SIEWERT: Yes, the timing, Can I also ask the timing of when advice was sought of your agency from the PM? ... Senator SIEWERT: What I'm asking is when the Prime Minister sought advice the timing of that advice from the minister? Or when the Minister for Health asked and when the minister for seniors. Ms Beauchamp: I just want to reiterate that the government decision-making process is through cabinet, where these discussions, which I'm not privy to, might or might not occur between ministers and the Prime Minister. I'd have to take on notice what I could provide and what I know about. But of course I may not know about those sorts of conversations or advice. Senator SIEWERT: I understand what you've just said. What I'd like you to look for is when the Prime Minister asked for specific advice about the possibility of a royal commission. Ms Beauchamp: I could take that on notice.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 18, 20 and 25 |
| SQ18-000994 | 6 - Ageing and Aged Care | Polley, Helen | Aged Care Royal Commission Advice        | <p>Senator POLLEY: That was from last year. All those annual reports have been available for some considerable time. There was no specific report, then, that was provided in recent times to the minister for him to make those statements and to call for the royal commission. Is that right? Ms Beauchamp: Sorry, Senator, we did provide that advice and that information to the minister. Senator WATT: When? Ms Beauchamp: I'd have to take on notice exactly when because it would have been from a combination of data that Mr Ryan has spoken about and information that we had. Senator POLLEY: Did the department brief or provide any advice to the minister about the need for a royal commission before he was interviewed for the Four Corners program around the middle of August 2018? Ms Beauchamp: Again, I'll take that on notice. Senator POLLEY: Was the advice for a royal commission into aged care? Could you provide the date that that advice was given to which minister: the Minister for Health or the minister for aged care or both? Ms Beauchamp: I'll take that on notice for specific dates.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 20            |
| SQ18-000995 | 6 - Ageing and Aged Care | Polley, Helen | Submissions - Aged Care Royal Commission | <p>Senator POLLEY: How many submissions were made in relation to including retirement villages to be considered to be part of the royal commission? Dr McCarthy: I have some aggregate figures in relation to the very large number of submissions that were received on the terms of reference. I don't have that breakdown. Senator POLLEY: Can you take that on notice and provide it to us? Dr McCarthy: I can take it on notice.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 22 and 23     |

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| SQ18-000996 | 6 - Ageing and Aged Care | Siewert, Rachel | Aged Care Royal Commission | <p>Senator SIEWERT: I understand that. I'm sorry if I haven't been really clear. What I mean is: since the terms of reference were announced and the commissioners were announced, have you had people—whether they're individuals, families, or, in fact, organisations—ringing and asking you specifically how they participate and what sorts of resources are available? Ms Beauchamp: I'm not personally aware, but a number has been set up under the royal commission website. And, of course, we've got a number of portals through My Aged Care and others where—I haven't got the details, but I'm sure people would be referred to the website if they requested information on the royal commission. Senator SIEWERT: Could you perhaps take on notice how many people are contacting you? Senator Scullion: So that's the number of people wishing to have additional support to access the royal commission? Senator SIEWERT: There'll be some broader questions such as, 'How do I go about engaging with the royal commission?' which people are more likely to come to you about rather than to think to go to A-G's. Ms Beauchamp: Indeed, and that's why I've made reference to the process around consultation on the terms of reference, because we did ask in that process whether people would like to register an interest to be kept informed on the royal commission but also to make sure that there was an avenue for them to go to if they did seek further info. But we'll— Senator SIEWERT: Perhaps you can take that on notice. Ms Beauchamp: I'll take on notice the numbers.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 23 and 24 |
| SQ18-000997 | 6 - Ageing and Aged Care | Siewert, Rachel | Aged Care Royal Commission | <p>Senator SIEWERT: I'll broaden it out. You publicly released the number of people. It's 5,000, which is a lot, so it shows a deep interest. Can you advise how many of those have already asked to be kept informed but also how many have there been since then? Ms Lamb, it looks like you've got some information. Ms Lamb: We've had a significant number of contacts from people—something like a 30 per cent increase in our workload since the royal commission was announced. We're taking them as complaints and contacts and inquiries, and we're already turning our minds to how, as we go into the new commission, we can be available to deal with any concerns and complaints that arise out of the royal commission as part of the support network. Senator Scullion: I'm entirely trying to be helpful. She's asking about what sorts of support and what levels of support people are going to get to access the commission. I do understand what you're saying, Senator, and we can take that particular matter on notice: how many and what plans we have for supporting those people. Is that—</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 24        |

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| SQ18-000999 | 6 - Ageing and Aged Care | Polley, Helen | Aged Care Packages | <p>Senator POLLEY: It's a good segue into an email that we had on behalf of an aged woman, just out of hospital—her heart valve was worn out. She has been waiting since early 2017 for the aged care package level 3 and is more in need now, having had trouble with, as I'm aware, inexperienced staff at My Aged Care in getting them to call the authorised person. The question from aged care to us is, 'What do I want to have done?' This woman is 99.5 years old, and is possibly in the final months of her life. Her doctor wants her to be granted her wish to die at home, and she needs some care to keep her comfortable. Her family is spending alternate nights with her, and paying for a morning and evening nurse and meals. What does the department, and what does this government, say to a woman who's almost 100 and who has been waiting since early 2017 for a level 3 package? They're the faces of real people, and I can talk about others who have been in contact with my office. Ms Beauchamp: We can take the details and get that information. Of course, we do get lots of approaches in the department and through our aged care portal in terms of how we can help people who have been assessed for a certain level with other supports and care. A lot of people that are waiting for higher-level packages are already in receipt of the Commonwealth Home Support Program or a lower-level package and the like. But, if we can take the details, we try to endeavour to meet the needs of that particular individual. If they're frail, obviously, and requiring special needs, then we'd look at that.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 30 and 31 |
| SQ18-001000 | 6 - Ageing and Aged Care | Polley, Helen | Waiting List Data  | <p>Senator POLLEY: Who made the decision to announce the data on a day which happened to be the eve of one of the biggest sporting events in this country? Ms Beauchamp: The minister announced the release of that information. It would have ultimately been the minister's decision. Senator POLLEY: How long had the minister had the data before he announced it on the eve of the grand final? Ms Beauchamp: I'd have to take that on notice because, as Ms Buffinton said, there is a lot of analysis and work that needs to be done to better understand what is actually in that report. Senator Scullion: In this great sporting nation, Senator Polley, you will not find a date that doesn't somehow intersect with a sporting event of note. Senator POLLEY: In taking that on notice, would you be able to come back to us after the lunch break? Ms Beauchamp: Sure.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 33        |
| SQ18-001001 | 6 - Ageing and Aged Care | Polley, Helen | Waiting List Data  | <p>Senator POLLEY: And can you also provide the dates of when the data was provided to the minister's office for the last three releases of data—that's December 2017, March 2018 and June 2018. That data was released, at all times, three months late on the eve of the grand final. Can I ask why there isn't some consistency in the approach the department has? Why is there that delay of three months from when the data is given to the department and to the minister? Why does it take three months to then make that public, and are there any processes being put in place to ensure that that data is released in a timely manner? Dr McCarthy: As I think we've explained, it's a very complex dataset that requires a lot of analysis and checking and validation before it's made public. Senator Scullion: We don't actually know what that is on the date we're reporting it on. It takes us time to work out that moment and date, and to work out the exact data so that we can report on that day. Senator POLLEY: That's why it will be very pertinent to have the date on which the minister received the information for those three times—December 2017, March 2018 and June 2018. I understand it's his decision when he makes that announcement, so he would've decided to make the latest data available to the Australian people on the eve of the grand final. Senator Scullion: We'll take that on notice, but I don't think we'll be able to provide the three sporting events, because they don't exist.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 33 and 34 |

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| SQ18-001002 | 6 - Ageing and Aged Care | Polley, Helen | Dementia Support                    | <p>Senator POLLEY: The campaign that was run certainly made people aware of the support they could get, but it did nothing to allay the fears of people who are on the waiting list who aren't getting any care and also those who are not getting the level of care that they want. Many of those 121,000 are level 4 packages, who are people also living with dementia who aren't getting their support. Is that not right? And I just want to confirm that you are— Senator Scullion: Well, perhaps we could get an opportunity to answer that question, Senator. Senator POLLEY: I haven't finished my question. Sorry. Senator Scullion: Well, I'm just answering your previous question, Senator, because you've got about four in a row. I just wonder if it's possible to take on notice those people who they've claimed have dementia and are waiting for a new level of support that the senator asserts. Can I just say, Senator, how much better we are off now than when you were in government. You know why you didn't have a lift? Senator POLLEY: You haven't done anything— Senator Scullion: Because there was no transparency provided whatsoever.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 35        |
| SQ18-001003 | 6 - Ageing and Aged Care | Polley, Helen | Correspondence - Home Care Packages | <p>Senator POLLEY: Can I now go back to the letter that I've tabled. Can you advise whether or not the department has given advice to the Prime Minister or the minister in relation to that correspondence, and then we can move on? Senator Scullion: The letter is actually to the Prime Minister. I know it's cc'd to Ken Wyatt, the minister— Senator POLLEY: Yes, I did ask whether advice had been given to the Prime Minister or the minister. Senator Scullion: I was just trying to be help, Senator. Off you go. Ms Beauchamp: Can I take it on notice? I'm not aware, personally, whether we provided advice to Prime Minister and Cabinet, seeing it was written to the Prime Minister. Senator POLLEY: And to the minister. So is it— Ms Beauchamp: It was a cc to the minister, I think. Senator POLLEY: Yes, it was—so whether you've given advice to the Prime Minister or to the minister in relation to it. Can you come back to us on that today? Dr McCarthy: We will endeavour to come back to you. ... Dr McCarthy: Chair, I have an answer to Senator Polley's earlier question about the letter from Ms Collins, if I can read that in. CHAIR: Yes. Dr McCarthy: The letter that was tabled was responded to by the Assistant Minister to the Prime Minister, Steve Irons MP, and signed on 9 October, so there has been a response. Senator POLLEY: So you did give advice then? Advice was sought from you? Dr McCarthy: Well, I think as we explained, it was a letter to the Prime Minister copied to Minister Wyatt. It's been responded to. Senator POLLEY: So you didn't actually give any advice on the letter? Dr McCarthy: We advise our minister. Senator POLLEY: Right, so there was no advice—I just wanted to clarify that. Dr McCarthy: Again, we'd need to check back. It would be usual for the Prime Minister's department to seek advice. So we might have provided information to the Prime Minister's department, but you'll appreciate we don't provide advice directly to the Prime Minister. Senator POLLEY: Yes, I understand that, but you'll take that on notice to see whether there was advice given. Dr McCarthy: We can do that.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 39 and 48 |

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| SQ18-001004 | 6 - Ageing and Aged Care | Polley, Helen | Unannounced Visits | <p>Senator WATT: Before we go to that new funding—we might come back to that—can we just go back. I don't think Senator Polley quite got an answer to her original question: prior to the adoption of the Carnell-Paterson recommendations about unannounced visits, before that recommendation, what funding was provided to the agency for site visits? Mr N Ryan: Christina Bolger will answer that, thank you, Senator. Ms Bolger: Just to clarify the earlier question in relation to unannounced reaccreditation audits, we are in a transition period because the date of application relates to the application for reaccreditation, so in this transition period we have both unannounced and announced audits undertaken, until the remainder of those who had applied under the previous rules are processed. But that will all be complete by the end of this year, and we are increasing the rate of unannounced audits over that period. Senator POLLEY: What number is there of those that haven't been completed? Ms Bolger: I can take that on notice, Senator. Each month, obviously, that rate increases as more providers are being processed under the new rules.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 42 |
| SQ18-001005 | 6 - Ageing and Aged Care | Polley, Helen | Unannounced Visits | <p>Senator WATT: What was the appropriation provided for those visits—leave aside the cost-recovered ones—prior to the Carnell-Paterson recommendations? Mr N Ryan: I would need to take that on notice so that I'm completely accurate with that. Senator WATT: And can we get what the new figure is, following the change? Mr N Ryan: Correct. Yes, we will take that on notice.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 42 |
| SQ18-001006 | 6 - Ageing and Aged Care | Polley, Helen | Unannounced Visits | <p>Mr N Ryan: Whilst it's accurate that the majority of our work does happen during working hours, we can and do on a frequent basis—where we have particular concern, regulatory intelligence or other forms of concern—conduct unannounced visits after hours, on weekends et cetera. If I receive, or if my agency receives, a level 3 referral from the complaints commissioner—that's where she has assessed that there are some matters—we will fly staff to those locations on the next available flight. That might be after hours and it might be on weekends. Senator POLLEY: Can you provide us the numbers of night, weekend or public holiday unannounced visits? Mr N Ryan: I'm happy to take that on notice, Senator. Senator POLLEY: In terms of unannounced visits outside normal work hours, you're saying that you currently undertake those where needed on a weekend or a public holiday or at night— Mr N Ryan: Correct. Senator POLLEY: but you can't provide that information to us now? Mr N Ryan: No, we hadn't anticipated that specific question, but we would be happy to come back with the data. Senator POLLEY: So you were always funded to be able to undertake these unannounced visits out of normal work hours? Mr N Ryan: We are funded to undertake a scheme of activity. We are funded to do compliance monitoring and, where risk or urgency is indicated, we will do that whenever we get there, including after hours, public holidays and weekends. Senator POLLEY: So you'll be able to provide to us a list of details of when these have taken place. Have you changed the process that you have of having assessors going in on a regular basis to the same providers?</p> | Hansard Proof, 24 October 2018, CA Committee, Page 43 |

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| SQ18-001007 | 6 - Ageing and Aged Care | Watt, Murray | After-hours Unannounced Visits | <p>Senator WATT: I've got the rationale. What I'm trying to establish is how regular are the after-hours unannounced visits. Is it a weekly thing or monthly or a couple of times a year? Ms Wunsch: There are two types of these visits. One is where a review audit or an unannounced visit is over a number of days, and it may start later in the week. We take the view that we would like to have the audit assessment team spend a couple of hours on a Saturday or a Sunday with access to weekend staff, to interview them and to understand what, say, the weekend activity program looks like or what the staffing levels are et cetera. That may be an activity that has been arranged to occur through the week, but we want to sample specific information during the weekend. Senator WATT: But, if you're saying these are ones that have started sometime earlier in the week, they're hardly unannounced, are they, if someone turns up? Ms Wunsch: No, they are unannounced. Senator POLLEY: Well, they are when they first arrive, but they won't be at the weekend. Ms Wunsch: But this activity will take some days, so it's unannounced from the outset. Senator WATT: What I think we're trying to get to is visits where your people turn up for the first time, unannounced, after hours. Ms Wunsch: Understood. Senator POLLEY: On a Friday night. Ms Wunsch: Understood. Mr N Ryan: We will come back with that. Ms Wunsch: We'll come back, but it is not something that is occurring weekly. It's more likely something that is occurring less frequently than that, and it's based on information that we have before us. If it's about an overnight staffing issue, for instance, or about concerns around weekend care practices, that would be a rationale to commence the visit at night or on a weekend, and we would use that intelligence to inform the need to assign a team to commence at that point in time.</p> | <p align="center">Hansard Proof, 24<br/>October 2018, CA<br/>Committee, Page 44 and<br/>45</p> |
| SQ18-001008 | 6 - Ageing and Aged Care | Watt, Murray | After-hours Unannounced Visits | <p>Senator WATT: Do any of these unannounced visits begin on a public holiday? Mr N Ryan: That would not be regular. Senator WATT: Okay, but on a night shift you're saying it would be regular to commence? Ms Wunsch: The consideration of assigning a team to commence at that time is regular. The actual assignment would depend on what we understand the risk to be, and it would be less frequent than monthly. Senator WATT: Less frequent than monthly for a night shift? Ms Wunsch: But I would like us to provide the data to you, because it wasn't a question we anticipated, and we would like to give you a full account of this.</p>  | <p align="center">Hansard Proof, 24<br/>October 2018, CA<br/>Committee, Page 45</p>            |

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| SQ18-001009 | 6 - Ageing and Aged Care                        | Siewert, Rachel | Workforce Taskforce Report                                      | Ms Jolly: Senator, I just wanted to ensure that you weren't hearing from this that we're not progressing the measures under the workforce task force report. For example, on recommendation 9 around strengthening the interface between aged care and primary acute care, there is work happening at the Commonwealth-state level around ageing and aged care, and there's quite an active discussion around how those interfaces will work going forward. I just wanted to ensure that, whilst we're having a discussion about costings, there is actually work progressing through the recommendations of this report that are relevant to the Commonwealth. It's just not in a formal answer to your previous question. Senator SIEWERT: Is it possible to take on notice, then, where things are up to against each of those recommendations? I'm aware I'm going to run out of time. Dr McCarthy: Yes. Senator SIEWERT: That would be great if you could take that on notice. I want to go back to the work of Professor Pollaers. Is there a document or something that outlines the nature of the work he's continuing to do? Ms Grinbergs: No, not at this stage. Senator SIEWERT: So what is he doing. I think it's good that work's continuing; I just want to know, more precisely, the nature of the work that he is doing. Ms Jolly: At this stage Professor Pollaers has been working with the minister's office and the peaks to really define what it is that you're asking for and to look at how to take forward the industry actions under the plan, of which are the vast majority. So it's really a negotiated discussion. It's not that government has said, 'This is exactly what we want you to do by this particular date.' Those discussions, really, are happening and we're working with the minister's office and then with John and others on how to then define that and take that forward. Senator SIEWERT: Okay, so there will be more form around it once those discussions have been held? Ms Jolly: Well, the minister's office has been leading some of those discussions, and we continue to support them in what they would like us to do in terms of supporting the work that John's indicating he's doing. Senator SIEWERT: It's interesting to note that the reference group was announced this morning; I haven't yet seen that. Could you provide us with a link to that? That would be useful, if that's possible. Ms Jolly: Yes, sure. Senator SIEWERT: Thank you. In terms of the actions that you've taken on notice to report against, are you setting timelines on some of those and, if so, could you include that, please? Ms Jolly: Yes, we can. Senator SIEWERT: Okay, thank you. | Hansard Proof, 24 October 2018, CA Committee, Page 48        |
| SQ18-001012 | 6 - Ageing and Aged Care                        | Polley, Helen   | Meetings with the Minister for Senior Australians and Aged Care | Senator POLLEY: Do you have regular meetings with the Minister for Senior Australians and Aged Care and the Minister for Health? Ms Lamb: I haven't met the Minister for Health very often, but I do meet with Minister Wyatt quite regularly and have also done so with his predecessors. Senator POLLEY: Do you meet regularly with the department? Ms Lamb: Yes. Senator POLLEY: Would you be able to provide the dates of the meetings that you've had with the Minister for Senior Australians and Aged Care? Ms Lamb: Yes, we can take that on notice.   | Hansard Proof, 24 October 2018, CA Committee, Page 49 and 50 |
| SQ18-001013 | 6 - Ageing and Aged Care                        | Polley, Helen   | Staffing Levels   | Senator POLLEY: What would be the churn rate at the moment? Ms Lamb: I'd have to take that on notice. We can certainly give you that figure. To my knowledge, it hasn't changed significantly. It has been high and higher than the department's rate for a while. Senator POLLEY: Thank you very much.  | Hansard Proof, 24 October 2018, CA Committee, Page 50        |
| SQ18-001014 | 1 - Health System Policy, Design and Innovation | Watt, Murray    | Medical Research Future Fund                                    | Senator WATT: I don't think your response included one of the things that I had asked for, which was a breakdown, an annual profile, of each subprogram—for example, a breakdown of the \$20 million for Mackenzie's Mission, which is a part of the \$500 million Genomics Health Futures Mission. Is it possible to get a breakdown of those subprograms, even if that's on notice? Ms Edwards: We can certainly take it on notice. Some of these items may not have had breakdowns arrived at yet because of work going on, but we can certainly take on notice to see what actually has been available. Refer to previous Question on Notice SQ18-000730   | Hansard Proof, 24 October 2018, CA Committee, Page 51        |



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| PDR No      | Outcome   | Senator      | Broad Topic                  | Question   | Type of Question:<br>Hansard / Written                       |
|-------------|---|--------------|------------------------------|--|--|
| SQ18-001015 | 1 - Health System Policy, Design and Innovation | Watt, Murray | Medical Research Future Fund | <p>Ms Edwards: The fund has been created. It has about \$9 billion in it currently. There's an amount earmarked as possible disbursements. Disbursement amounts are allocated against particular priorities, following the strategy and the priorities sent by the advisory board. Then, within those allocations, actual arrangements are put in place to have money given to researchers and so on, and those are through a variety of mechanisms depending on the nature of the research and the allocation. Senator WATT: There have been some contracts signed since that response was provided? Ms Edwards: My understanding is yes, where it's an ongoing process, but I don't have that detail, Senator. Perhaps we could take on notice what— Senator WATT: I'm happy for you to take some details of that on notice. Do you know the dollar value that is being contracted? Refer to previous Question on Notice SQ18-000730</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 51        |
| SQ18-001016 | 1 - Health System Policy, Design and Innovation | Watt, Murray | Medical Research Future Fund | <p>Senator WATT: I just had another look at the question on notice. You had table 2, which was fundscontracted on or before 18 June 2018. I suppose what I'd ideally like to get today if I can is what the total is since. I see you have a total there of \$69.7 million for funds contracted on or before the 18th. I wouldn't mind getting an updated figure for that. Ms Edwards: We don't have it here, but we will see whether we can come back to you today on that, as at the end of September or sometime. I'm not sure how it works, but we'll have a look at it. Senator WATT: In an ideal world, if you can come back to me today with the total and then if you can take on notice the breakdown of the greater detail of what those contracts have been for. Mr McBride: So total contracted since budget or total contracted overall? Senator WATT: I think I'm mainly interested in since 18 June. Do you know how much has been contracted—this table says 'funds contracted on or before 18 June 2018'. Does that go back to the inception of this fund? Mr McBride: That's my understanding. Senator WATT: If you were to give me the extra that has been contracted since then, we're probably going to get the total. Have any stakeholders expressed any concerns to the department about the governance or politicisation of this fund? Refer to previous Question on Notice SQ18-000730</p> | Hansard Proof, 24 October 2018, CA Committee, Page 51        |
| SQ18-001017 | 1 - Health System Policy, Design and Innovation | Watt, Murray | Medical Research Future Fund | <p>Senator WATT: Leaving aside any complaints having been made to the department, are any of you aware of any concerns about governance or politicisation being raised with the minister? Ms Edwards: I'm not aware of any. Senator WATT: Minister, are you aware of that? Senator Scullion: Well, no, I'm not aware at this point. That would clear: the reason why I wouldn't be aware is that I haven't had a conversation with them about this. Can I say, you're probably at a bit of a disadvantage. If either of you have a particular research grant that someone has taken umbrage with, please, if you want us to ask about that particular matter, perhaps a question on notice around that specific issue would be better to deal with it. No, I haven't had any. Senator WATT: I will certainly have a think about that. Maybe, Minister, if you could take on notice whether any concerns have been raised with the minister or his office about the governance or politicisation of this fund, particularly around the minister's involvement in decisions regarding the allocations from the fund? Senator Scullion: Certainly. Ms Edwards: Noting of course that the decisions are matters for the minister.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 52 and 53 |

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| PDR No      | Outcome   | Senator             | Broad Topic                  | Question   | Type of Question:<br>Hansard / Written                       |
|-------------|---|---------------------|------------------------------|--|--|
| SQ18-001018 | 1 - Health System Policy, Design and Innovation | Watt, Murray        | Medical Research Future Fund | <p>Senator WATT: Could you take on notice for me whether the minister has provided any assurances to the board, either verbally or in writing, that he won't make any more so-called captain's calls regarding funding allocations? Ms Beauchamp: That is quite a— Senator Scullion: If we have to accept the premise—you understand that, Senator—that there have been captain's calls made, and I don't think anyone has established that. If you like, we will check with the minister's office whether or not any complaints around those matters you articulated before have been made. Senator WATT: Thank you. And whether any assurances have been given by the minister that that sort of thing won't happen in future. Ms Edwards: We're a bit perplexed, because the legislation says he's to make the decision, so he's not going to give an assurance that he won't make any more decisions. Senator Scullion: He is making the decision— Senator WATT: I think the point is: in isolation from advice. Mr McBride: So, you would say: inconsistent with the priorities? Senator WATT: Yes. Ms Edwards: We will take that on notice. Senator WATT: That would be great. Senator Scullion: We will do our best. Ms Beauchamp: The premise of the question is that he has made captain's calls, in your terms. I think that's the first thing that needs to be established. Senator WATT: Captain's calls are bringing back knighthoods without the rest of your cabinet agreeing with you. In a health sense it's probably ministers making decisions separate to advice that's been received. Ms Edwards: We can take on notice whether the minister has given any assurance about making decisions without advice or in contradiction to the strategic priorities.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 53 and 54 |
| SQ18-001019 | 1 - Health System Policy, Design and Innovation | Steele-John, Jordon | Research into ME/CFS         | <p>Senator Scullion: We're keen to provide information. If we don't have it, we'll take it on notice. Senator STEELE-JOHN: All right. Firstly, a really basic one that you might be able to help with, Minister. On 10 September, the parliamentary friends group of ME/CFS wrote to Minister Hunt regarding research that we had been presented, as a parliamentary friends group, in relation to the recent breakthrough research by Dr Staines and by Griffith University, Sunshine Coast, in relation to this condition. I wondered whether you might be able to provide me with an update as to when we might be able to get a response from the minister? Ms Edwards: Thank you, Senator, for explaining the sorts of questions you've got. Those are things we are aware of, but they really are detailed matters for the NHMRC, so I think it would be more convenient to put them on notice. Senator Scullion: That one we will put on notice, but if you have others— Ms Edwards: If that's the general theme of them—very detailed ones—we wouldn't be able to answer them. Senator STEELE-JOHN: No, sorry. I might have misspoken. I'm referring to a letter that the committee wrote to the minister. That wasn't actually a question for the NHMRC. Ms Edwards: We can take that on notice— Senator Scullion: We'll take that on notice.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 56        |
| SQ18-001020 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard  | My Health Record             | <p>Senator DI NATALE: How is that done? Ms McMahon: We basically run surveys. We have undertaken two surveys with just over 500 clinicians. Senator DI NATALE: How do you select those? Is that a randomised sample? Ms McMahon: I'll need to take that on notice. We went to market and have selected a provider to do that. Senator DI NATALE: Is that a cross section of all GPs? It's not a self-selecting group who want to participate in the survey? Ms McMahon: No. I will take the methodology on notice.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 60        |

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| PDR No      | Outcome   | Senator            | Broad Topic           | Question  | Type of Question:<br>Hansard / Written                |
|-------------|---|--------------------|-----------------------|---|---|
| SQ18-001021 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard | My Health Record      | Senator DI NATALE: Are you tracking that? I'm interested in knowing whether there was a change at all over the recent public media attention, shall we call it, in terms of doctors and health care professionals trusting the system, and their concerns around privacy. Ms McMahon: Yes. We did ask a question in the sample where—we asked the question in April and May and then in July and August. Mr Kelsey: We're going to have to take that on notice. We included some summary results in the submission we provided to the Senate inquiry. There is some data. To remind senators of those results, in the first wave, which was the first polling we did, which is statistically weighted and demographically significant, 14 per cent of GPs surveyed reported not needing to order a pathology or diagnostic imaging test, because they were able to see a previous test result through the My Health Record.                                     | Hansard Proof, 24 October 2018, CA Committee, Page 60 |
| SQ18-001022 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard | My Health Record Data | Senator DI NATALE: On the percentage of health professionals who believe patient information will be kept private? I'm interested in the most recent survey results, both before and after the recent controversies, I'll call them. The percentage of health professionals who believe that it will be safe from unauthorised access. The proportion of health professionals who use it for themselves or for their families, and whether they'd recommend it to patients, family or friends. And on people's attitudes towards the system—whether they believe there are potential benefits—whether those numbers are tracking up or down. I'm very interested in the trends over time with each of those specific indicators. Mr Kelsey: We'll take that on notice. Some of the questions aren't quite the same as the ones you've asked, but we'll provide you with data. Senator DI NATALE: Are you able to provide us with a full survey? Mr Kelsey: Yes. | Hansard Proof, 24 October 2018, CA Committee, Page 60 |

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| PDR No      | Outcome   | Senator     | Broad Topic   | Question   | Type of Question:<br>Hansard / Written                |
|-------------|---|-------------|---|--|---|
| SQ18-001023 | 1 - Health System Policy, Design and Innovation | Singh, Lisa | Healthcare Information and Management Systems Society | <p>Senator SINGH: Mr Kelsey, I think you'll remember that last time you were in this committee's hearings I asked you about your interaction with journalists; in particular, if you had sought for any journalist to change or remove any critical coverage, directly or indirectly. You chose to take that on notice. I've gone through some of your answers on notice. Over and above what you've already provided in answer to that question on notice, have you had any interactions with the website Healthcare IT? Mr Kelsey: Healthcare IT? Senator WATT: Or their US owner. Senator SINGH: There are two different ones, but I'm asking about that one first. Mr Kelsey: I'd have to take that on notice but, as I said at the last meeting, there are many, many health websites, those sorts of online websites. As I said at the last inquiry—I think it was an inquiry, rather than estimates— Senator SINGH: Yes. Mr Kelsey: we talked about the fact that the job of the agency is to correct, where appropriate, inaccurate commentary on My Health Record. It is not to seek to correct criticism; it's purely based on factual accuracy. If there were factual inaccuracies in reports on the Healthcare IT website then, yes, the standard practice would have been to seek correction of those items. Senator SINGH: That's why I'm asking about that particular website. The other one is the one Senator Watt referred to, the HIMSS. That is the Healthcare Information and Management Systems Society, which is a US-owned website. Mr Kelsey: I'm not aware it's a website. HIMSS is an organisation that organises events. Senator SINGH: Well, it has an online— Mr Kelsey: It may well have a website, yes. Senator SINGH: Yes, it has an online news interaction. I'm asking specifically about media coverage on either of those two platforms. Mr Kelsey: There may well have been cases where we sought correction of articles published on those websites. Were they not included in the— Senator SINGH: No, they're not included in the answer to the question on notice. You raise, obviously, a few other websites. Mr Kelsey: We'll go back and provide any further interaction with that. Senator SINGH: So there's no-one at ADHA who knows about those two platforms and who could answer that? Mr Kelsey: Healthcare IT News is one of many websites that report on things like My Health Record. I think the request on the— Senator SINGH: Okay. You'll take it on notice? Mr Kelsey: Yes, that's fine.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 63 |

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| PDR No      | Outcome   | Senator     | Broad Topic                                     | Question   | Type of Question:<br>Hansard / Written                |
|-------------|---|-------------|---|--|---|
| SQ18-001024 | 1 - Health System Policy, Design and Innovation | Singh, Lisa | Digital Health - Online Trade Journals          | <p>Senator SINGH: Does ADHA have any sort of commercial or financial arrangements with HIMSS? Mr Kelsey: I'd have to take that on notice. HIMSS is a company that organises events and runs a system for measuring the digital maturity of hospitals. I would say now that I don't think we do have any commercial arrangements with HIMSS. They actually have a big conference coming up in a couple of weeks in Australia. We may sponsor— Senator SINGH: Are you a sponsor of that conference? Mr Kelsey: It could be that we sponsor a booth at that conference. Senator SINGH: Is there a financial component to sponsoring the booth? Mr Kelsey: There would be if we were taking a booth. Senator SINGH: Right. Mr Kelsey: I'm informed by my colleague that we have a booth at the forthcoming HIMSS conference in Brisbane, which would involve a financial transaction of some sort. Senator SINGH: How much are you paying HIMSS for that sponsorship? Mr Kelsey: That I'd have to take on notice. It'd be small. I don't know exactly how much. It would be an exhibition stand, essentially. It's a conference which has many, many exhibitors. I can certainly find out how much we're paying for the stand. Senator SINGH: Okay. So you are aware that there's some financial component as far as your sponsorship of the HIMSS conference is concerned, but you are not aware of any other interactions in relation to copy that HIMSS have published? Mr Kelsey: Healthcare IT News, I'm pretty sure, is an online news report that HIMSS owns. But I don't think HIMSS itself publishes material. It doesn't have a website as such. But Healthcare IT News is—let me just check— Senator SINGH: I'm actually online looking at it at the moment. Mr Kelsey: Okay—Healthcare IT News. They publish—just like Pulse+IT and the other online trade journals—information about digital health, and they have certainly reported on My Health Record. Senator SINGH: That's right. They have. Mr Kelsey: What we will do is provide on notice any interactions we've had with them where we've sought correction of copy. Senator SINGH: Yes, that was the question. Mr Kelsey: I will provide that on notice.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 64 |
| SQ18-001025 | 1 - Health System Policy, Design and Innovation | Singh, Lisa | Health Policy FlagPost                          | <p>Senator SINGH: I've run out of time, but I want to ask Mr Yannopoulos: when was the last time you or anyone else from this department initiated contact with the Parliamentary Library about a FlagPost concerning health policy? Mr Yannopoulos: I've never done it. For anyone else, I would have to take it on notice.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 65 |
| SQ18-001026 | 2 - Health Access and Support Services          | Singh, Lisa | Funding for Mental Health Programs and Services | <p>Senator SINGH: You may need to take this last one on notice. In light of the Productivity Commission's inquiry, are you able to provide a breakdown now of the forward estimates in relation to mental health programs and services from the Health portfolio being funded in the 2018-19 year? I am aware of some media reports where the minister has said that there would not be a chance of any reduction in funding, so I'm interested to see that breakdown. Ms Edwards: Yes. I think we provided a question on notice from the last estimates which gave pretty much that information; we could refresh that if you'd like. You might want to check if that's the sort of information you want, before we— Dr Morehead: In general terms, in 2018-19, the estimated Health portfolio expenditure on mental health services is \$4.7 billion. This is an increase in the estimated funding over 2017-18 by 9.6 per cent. So it's gone up 9.6 per cent over a year—the Commonwealth funding on mental health. Senator SINGH: So you can take on notice the breakdown of programs if you like. Dr Morehead: Yes. Senator SINGH: But thanks for that, for the spend.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 72 |

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| PDR No      | Outcome                                | Senator         | Broad Topic               | Question  | Type of Question:<br>Hansard / Written                       |
|-------------|--|-----------------|---------------------------|---|--|
| SQ18-001027 | 2 - Health Access and Support Services | Siewert, Rachel | PHN Funding               | Senator SIEWERT: That's what I'm asking, sorry. On what basis is the money being allocated to each of the 31? Ms Edwards: I'm not exactly sure how the formula has been devised. We could take that on notice. Senator SIEWERT: Could you take on notice the formula? Ms Edwards: It relates to numbers in each PHN region. Senator SIEWERT: Does it also take into account regionality and remoteness? Ms Edwards: Yes. Senator SIEWERT: Could you take on notice what it's going to look like and, once those arrangements are finalised, the allocation to each PHN? Ms Edwards: Given that the variation is coming back now, we should be able to provide that on notice shortly.   | Hansard Proof, 24 October 2018, CA Committee, Page 74        |
| SQ18-001028 | 2 - Health Access and Support Services | Watt, Murray    | Suicide Prevention Target | Senator WATT: While we have the National Mental Health Commission up at the table—and thanks for coming today—I'd like to ask a few questions about your suicide prevention target and your recommendations to that effect. My understanding is that in your 2014 review it was recommended that the government at the time adopt the target of reducing suicides and suicide attempts by 50 per cent over the next decade. How did the commission come to recommend that government adopt a suicide prevention target? Ms Lewis: I would have to take that on notice, because it was pre my time at the commission. I've only been there since 2016. However, there has been discussion with commissioners and with mental health more broadly that currently our view is we don't agree with a 50 per cent reduction target, because we don't believe that it's okay for any person to die of suicide, and it's something we'd like to discuss further. | Hansard Proof, 24 October 2018, CA Committee, Page 77        |
| SQ18-001029 | 2 - Health Access and Support Services | Watt, Murray    | Headspace Funding         | Senator WATT: So, if one PHN has three headspaces it will get three times as much as a PHN with only one headspace? Ms Gleeson: It depends on the size of the service. Headspace centres are funded at slightly different levels across the country. Senator WATT: Depending on the number of people they're servicing and that kind of thing? Ms Gleeson: Yes, and what round they were established in. For example, a service in Bondi gets about \$1 million per year for a grant, whereas there's an outpost service in Devonport that gets \$350,000 per year. Senator WATT: I heard what you said, that you're currently preparing a list of which centre will get what. Can you take that on notice and provide that to the committee when that's finalised? Dr Morehead: Yes.   | Hansard Proof, 24 October 2018, CA Committee, Page 81        |
| SQ18-001030 | 2 - Health Access and Support Services | Watt, Murray    | eheadspace Funding        | Senator WATT: In terms of the process of making this decision, did the department advise the minister that a funding increase to eheadspace was a good idea? Ms Gleeson: Eheadspace is delivered by headspace national. We knew that the funding agreement was due to expire, so— Ms Edwards: Senator, we provided lots of advice to the minister about headspace, eheadspace and everything. We wouldn't normally tell you the content of that advice, but it's certainly a topic which we provide advice about regularly, as do stakeholders, who approach the minister or write to us and so on. It's an issue which has been live in the department and among the service. Senator WATT: When was the final advice provided to the minister about this funding announcement prior to the announcement? Ms Edwards: We'll have to take that on notice.   | Hansard Proof, 24 October 2018, CA Committee, Page 81 and 82 |

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| PDR No      | Outcome                                | Senator         | Broad Topic                                  | Question   | Type of Question:<br>Hansard / Written                |
|-------------|--|-----------------|--|--|---|
| SQ18-001031 | 2 - Health Access and Support Services | Watt, Murray    | headspace Funding                            | Senator WATT: Can you tell me when the decision was actually made to provide this extra funding. Ms Edwards: Well, we wouldn't normally disclose the to and froing of advice. You know the date it was announced. It was a decision by the minister. It was communicated to us. We're not aware of whether the minister talked to anybody else. Senator WATT: You can tell us the date that a decision was made. Ms Beauchamp: We'll take that on notice. I haven't got it in front of me. Senator WATT: Do you know if it was very long before the announcement was made? Senator McKenzie: I think the officials have taken it on notice. Senator WATT: I know, but that's the precise date. I'm just asking in general terms. Ms Edwards: I'm not sure exactly how it happened. We'll have to take it on notice for you.  | Hansard Proof, 24 October 2018, CA Committee, Page 82 |
| SQ18-001032 | 2 - Health Access and Support Services | Singh, Lisa     | ABS Mental Health Survey                     | Senator SINGH: Well, I asked specifically about scoping. I think, Ms Edwards, you may want to correct the record, because, in October last year—this time last year—in estimates, the department told us that scoping studies were being done to go out to market towards the end of 2017 or early 2018. Ms Edwards: I'm happy to be corrected. I'm not aware of any. Dr Morehead: We have consultations with the ABS. I can state quite categorically that we are not planning to fund a survey by the ABS on mental health at the moment. Senator SINGH: Right, because I understand you were talking about funding it this time last year. Ms Edwards: I think the ABS would scope its own studies, which was the point of my answer, rather than us doing it for them. We can take on notice what was said previously by other officers. Perhaps they know stuff we don't know. We're happy to take that on notice and correct it if needed. We'd have to go back and have a look. | Hansard Proof, 24 October 2018, CA Committee, Page 83 |
| SQ18-001033 | 2 - Health Access and Support Services | Singh, Lisa     | Minister Collins Correspondence - ABS Survey | Senator SINGH: Okay. I know there was a letter that shadow minister Collins sent to the minister on 25 September in relation to the progress of this survey. Are you aware of that? Has the department given any advice to the minister relating to that letter? Dr Morehead: Yes. If we could, we'll take that on notice. I do know the letter that you are referring to; I just can't find it here in front of me. But I am aware of the letter that you're referring to. So it has come to the department for response, for us to consider the response to that. I'm aware of the correspondence, but if I could take on notice the exact— Senator SINGH: So it's still in the department's cogs at the moment? Dr Morehead: Yes, that's right.   | Hansard Proof, 24 October 2018, CA Committee, Page 84 |
| SQ18-001034 | 2 - Health Access and Support Services | Siewert, Rachel | Telehealth                                   | Senator SIEWERT: What's the reason for not putting it on the federal website, given that they're bilaterals with the states and territories? Ms Jarvis: We'll have to take that on notice. Senator SIEWERT: Could you take that on notice? Services and communities in the states would quite like to know what is being committed to. Could you take on notice what is the Commonwealth going to do if the states don't publish it? Ms Jarvis: Sure.  | Hansard Proof, 24 October 2018, CA Committee, Page 85 |

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| PDR No      | Outcome                                | Senator     | Broad Topic           | Question  | Type of Question:<br>Hansard / Written                       |
|-------------|--|-------------|-----------------------|---|--|
| SQ18-001035 | 2 - Health Access and Support Services | Singh, Lisa | Mental Health Surveys | <p>Senator SINGH: Can I have one follow-up on the surveys? What's the impact of Australia not now having this data, which we've had consistently over a number of decades, going forward, when we are looking at the various range of issues around health and wellbeing, mental health obviously being a really important issue for the country, when we don't have that 2017 or even 2018 data about the current state of Australians living with mental health issues? What's the impact of that? Dr Morehead: We don't have that national overview picture, but there are various collections of data at lower level. In fact, when we do have a big national picture, you often can't drill right down to the local level. For example, with the drought measures that the government's announced on mental health, there was evidence available on recent surveys and studies that had been done—the University of Newcastle was one—where they had recently done a survey of several hundred farmers in New South Wales and were able to give very specific guidance to us in terms of an evidence base as to what effects drought had on people's mental health. That type of information is found around the country, and that was extremely useful for us in designing the drought measures. I guess it's more that we don't have that big national data collection, but we do have smaller amounts. Funding a gold standard large Australian mental health survey could cost upwards of around \$20 million. If you said to the ABS, 'Could you go out and do a great mental health survey?' that's about the quantum of money that you would be looking at. Senator SINGH: Is that what it cost in 2007? Dr Morehead: I can get you the costs for 2007 on notice.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 87        |
| SQ18-001036 | 2 - Health Access and Support Services | Smith, Dean | Telehealth            | <p>Senator DEAN SMITH: Going to Senator Siewert's point about the government's telehealth initiatives, how has that been received by the sector? Ms Edwards: It's certainly been used a lot. Senator DEAN SMITH: That was my second question in regard to uptake. So why don't we start with the uptake question? Then we'll come back to how the sector's responded. Can you give us a sense of the uptake in terms of quantum? Do you have that by geographical dispersion, by chance? Ms Edwards: Not here today, I don't think. We don't have geographical here, but we do have uptake. Since 1 November 2017, to 31 July 2018 there's been a total of 2,833 services. Senator DEAN SMITH: Do you have the 2,833 by gender or age breakdown? Ms Edwards: We would have to take that on notice. Senator DEAN SMITH: Do you collect that data? Ms Edwards: We would have to take that on notice.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 87 and 88 |
| SQ18-001037 | 2 - Health Access and Support Services | Singh, Lisa | National Action Plans | <p>Senator SINGH: Do you anticipate that any of these national action plans will be completed before the next election, in May—if the election is in May? Dr Studdert: I think quite a number of them will. I could go through them individually and tell you where they're up to. But, as I said, they're at various stages of development. I don't know if my colleagues can identify which ones would be finished in the coming months. Senator SINGH: I'm happy for you to take it on notice, because there are obviously 14 of them and it will take a while to go through each one. Dr Studdert: Yes, we'd be happy to provide you with that information.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 89        |



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| PDR No      | Outcome                                | Senator            | Broad Topic           | Question   | Type of Question:<br>Hansard / Written                        |
|-------------|--|--------------------|-----------------------|--|---|
| SQ18-001038 | 2 - Health Access and Support Services | Singh, Lisa        | National Action Plans | <p>Senator SINGH: Do road maps have new funding attached to them? The national action plans don't. Ms Edwards: The road maps are in development, and so it will depend. If we're talking about renal and RHD, you would know there's significant investments connected with those, and the road maps would help guide how we roll those out—same with eyes and ears, in fact. There are big commitments about these; we're working with stakeholders to develop a road map, which is a way of making sure the investment is actually targeted in the way that's agreed to be the best way to tackle these really difficult issues. Dr Studdert: If I could just be clear, it's not to say there isn't money. The plans are being, as I said, dealt with case by case. In the case of endometriosis— Senator SINGH: That's the only one you seem to be talking about. Dr Studdert: That's the only one that's been finalised and launched. Senator SINGH: There are 14 of them. Dr Studdert: And there are others coming. There has been funding allocated to that, and I think the government is minded to look at each of them on a case-by-case basis and to determine— Senator SINGH: But you will take it on notice? Dr Studdert: Yes. Senator SINGH: Thanks. Dr Studdert: You asked for the dates by which they would be finalised? Senator SINGH: Correct, and the funding as well. Dr Studdert: To the extent that any have been finalised and decisions have been made about funding, absolutely, yes.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 90 and 91  |
| SQ18-001039 | 2 - Health Access and Support Services | Watt, Murray       | Cancer Screening      | <p>Senator WATT: Mr Boyley, just in the interests of time, it looks like you're reading from something. It would be really valuable to get an update, but could I suggest you table that rather than go through it so that I can stick to some questions about the contract itself? Mr Boyley: Senator, I'd be happy to table this document—not the entire document, but an update. Suffice to say, there's been significant delivery since the JCPAA hearings themselves, and the report recommendations don't take that into account, of course, because they weren't aware of it. It would not be in the interests of certainly the Commonwealth or the screening public, in my view, to terminate the contract at this stage, because of substantial delivery and we're on track. We have bowel screening register dates that I'm happy to share with the committee today, if you'd like those, or I can include them as part of the update. What I'm saying is that the position since March and April, when the committee met, to today is significantly different to where it was. ... Senator WATT: I had only just started asking questions about screening register before we moved on to other topics. I think, Mr Boyley, you were going to table a copy of the sort of update that you were providing us? Mr Boyley: Yes. ... Senator WATT: I might get you to table those figures. I think that's part of your update as well. Mr Boyley: Yes.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 92 and 111 |
| SQ18-001040 | 2 - Health Access and Support Services | Di Natale, Richard | DrinkWise             | <p>Senator DI NATALE: I want to ask questions firstly on DrinkWise and prevention. When did discussions with DrinkWise commence to provide funding for their alcohol and pregnancy campaign? Dr Studdert: So your question was: what date did the discussions start with DrinkWise— Senator DI NATALE: Yes. Dr Studdert: about funding for that? Senator DI NATALE: For their alcohol and pregnancy campaign. Mr Laffan: I don't have a specific date in relation to conversations that were had with DrinkWise in relation to the funding, but I can tell you that we received an unsolicited proposal from them. I'd have to take on notice the date that was received.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 93         |

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| PDR No      | Outcome                                | Senator            | Broad Topic                           | Question  | Type of Question:<br>Hansard / Written                         |
|-------------|--|--------------------|---------------------------------------|---|--|
| SQ18-001041 | 2 - Health Access and Support Services | Di Natale, Richard | DrinkWise                             | Senator DI NATALE: I'm asking specifically: given that you've given money to an alcohol-funded industry group to work on interventions in Aboriginal communities, what consultation took place? Dr Studdert: We would put it to the organisation that they would, in developing the materials and the program, work with— Senator DI NATALE: Did they provide that as part of the proposal? Dr Studdert: It would've been part of their proposal, I would expect, but I'd be happy to check. Senator DI NATALE: I wouldn't expect you to give money to an industry group in this way, so just to say that you 'expect' this is what happened is not good enough. Did it happen? Dr Studdert: I would be happy to take that on notice and get you some further advice.   | Hansard Proof, 24 October 2018, CA Committee, Page 95          |
| SQ18-001042 | 2 - Health Access and Support Services | Di Natale, Richard | DrinkWise Campaign                    | Senator DI NATALE: The campaign was running well before the funding was withdrawn. Do you agree with that? The issue was raised well before 28 August. Mr Laffan: Sorry, Senator— Dr Studdert: I think we would have to take it on notice to review the time line of events there.  | Hansard Proof, 24 October 2018, CA Committee, Page 96          |
| SQ18-001043 | 2 - Health Access and Support Services | Waters, Larissa    | Midwifery Continuity of Care Feedback | Senator WATERS: I will take it up with them; thank you. The feedback to my office about the consultation process that you mentioned earlier on NSAMS is that women want midwifery continuity of care—at least many women do—and obviously the Commonwealth has got a role to play in that through Medicare. But my understanding is there's no specific recommendations to expand Medicare access for midwives in the consultation paper. Why not? And is that issue coming up in the feedback? I'll have some more questions about the feedback that's been received. Ms Edwards: I discussed this issue with the chief nurse the other day—she wasn't able to be here today. It's an issue raised in item 2.1 of the discussion paper, and it's an issue in the course of discussions. But we wouldn't want to pre-empt where we're going to go with the agreement on how the strategy works on that issue. Senator WATERS: Can you tell me about the feedback that you're receiving so far on midwifery continuity of care through the consultation? Ms Edwards: I can take that on notice; I'm not across the detail of that.   | Hansard Proof, 24 October 2018, CA Committee, Page 100         |
| SQ18-001044 | 2 - Health Access and Support Services | Waters, Larissa    | Maternity Care Consultation           | Senator WATERS: Thank you. Will there be any sort of summary of the public consultation and the feedback received, and will that be made public? Ms Edwards: I'm sorry, I don't know the answer to that; I'll have to take it on notice. I think it will depend on the nature of the things people have said and the basis on which they've said it. You'd be aware there have been some focus groups of women; I doubt we'll be making public what particular women are saying. Perhaps we could take on notice to provide to you what's planned to do with the outcomes of the consultation. Obviously the outcomes will be reflected in the final strategy. Senator WATERS: You'd hope so, yes. Ms Edwards: But the extent to which it would be (a) appropriate and (b) intended to release it— Senator WATERS: Surely it would be de-identified. Ms Edwards: Yes. Senator WATERS: I'm not suggesting that we reveal people's personal information, but certainly their views. Ms Edwards: Yes. Ms Beauchamp: We could look at that. I think there were 200 submissions and then there was another survey of another 535—a template-type approach. But we can look at consolidating and see what we can provide. Ms Edwards: Yes, I think that sounds like it would be eminently reasonable. But I just don't want to speak for the chief nurse. Senator WATERS: Thank you. I look forward to your advice both on how that feedback will be summarised and then whether or not that will be made available to the public as well as to someone like me, on notice. | Hansard Proof, 24 October 2018, CA Committee, Page 100 and 101 |

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| PDR No      | Outcome                                | Senator            | Broad Topic                 | Question   | Type of Question:<br>Hansard / Written                 |
|-------------|--|--------------------|-----------------------------|--|--|
| SQ18-001045 | 3 - Sport and Recreation               | Di Natale, Richard | Anti-doping Hearings        | Senator DI NATALE: As a proportion of tests, are they broadly similar? Mr Mullaly: They are, there was only a five-sanction difference across those two years. Senator DI NATALE: And the same number of tests? Mr Mullaly: Proportionately, it's very similar. Senator DI NATALE: About 5,000 tests done? Mr Mullaly: Correct. Senator DI NATALE: How many of those have had their hearing through the Court of Arbitration for Sport? Mr Mullaly: I'll have to take that on notice. We have had some hearings before the Court of Arbitration for Sport. Senator DI NATALE: And how many—obviously accepting it was just a sanction after the violation? Perhaps you could take that on notice. With regard to the athlete biological passport, it's a pretty invasive testing procedure. Do you agree with that? Mr Sharpe: Yes.  | Hansard Proof, 24 October 2018, CA Committee, Page 109 |
| SQ18-001046 | 2 - Health Access and Support Services | Watt, Murray       | Telstra Contract            | Senator WATT: To my earlier question, I hear what you're saying, that in your view at the moment the department should not terminate the contract. What I'd still like to know is whether the department could terminate the contract legally and whether it would incur costs or penalties in doing so? Does anyone know the answer to that? Mr Boyley: It's a complex answer. Senator WATT: Most commercial contracts have termination clauses. Mr Boyley: Absolutely. They are standard clauses in these types of contracts. As to whether the department would incur costs, that would depend on the grounds for termination, any actions we had done to contribute to any delays, all those sorts of factors. Senator WATT: Could you come back to us on notice about that? Mr Boyley: We will have to come back on notice. It is not a straightforward answer. Senator WATT: Have a look at the contract and let us know what can be done. Mr Boyley: I would like to be able to consider those comments in the context of the formal response to the committee. | Hansard Proof, 24 October 2018, CA Committee, Page 112 |
| SQ18-001047 | 2 - Health Access and Support Services | Watt, Murray       | Cancer Screening Milestones | Senator WATT: Are there payments to Telstra triggered at each of those milestones? Mr Boyley: Yes. Senator WATT: Are you able to tell us the dollar figures? Mr Boyley: I would need to take that on notice. I don't have to contract with me. Senator WATT: The joint committee recommended you report back to them on when the new bowel screening register will be delivered. I suspect you probably have just done that by giving those milestones. Mr Boyley: Absolutely. We will provide that in the official response as well.  | Hansard Proof, 24 October 2018, CA Committee, Page 114 |
| SQ18-001048 | 2 - Health Access and Support Services | Di Natale, Richard | Pill Testing                | Senator DI NATALE: I'm not surprised. I'm interested in the recent debate around pill testing. Do you have any stats on how many deaths of young people attending music festivals are attributed to untested drugs over the last 10 years? Dr Studdert: No. Senator DI NATALE: Could you provide— Dr Studdert: We could certainly look to some of the research institutes that we fund or if, elsewhere in the literature, there is some data on that. But we would have to go to our state and territory colleagues and emergency services to get that sort of data. We would be happy to provide what we can.  | Hansard Proof, 24 October 2018, CA Committee, Page 117 |
| SQ18-001049 | 4 - Individual Health Benefits         | Di Natale, Richard | MBS Items                   | Senator DI NATALE: How many new items are going to come online from 1 November? Ms Shakespeare: For instance, there are changes to— Senator DI NATALE: You don't need to talk me through them specifically. How many changes— Ms Shakespeare: I'm not sure that we can give you exact numbers. Some of the measures relate to groups of items. It is actually quite difficult when items are being restructured to say, 'This many MBS items are affected by the changes.' We can take you through what the general changes are. Senator DI NATALE: Perhaps I'll ask you to do that on notice, given the time frame.   | Hansard Proof, 24 October 2018, CA Committee, Page 123 |

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|-------------|--|-----------------|--|--|--|
| SQ18-001050 | 4 - Individual Health Benefits         | Watt, Murray    | MBS Review   | <p>Senator DI NATALE: Do you have any questions on the MBS review? Senator WATT: Yes, just a couple. How many clinical committees are there? Mr Simpson: Around 70 clinical committees. Senator WATT: Seventy? Mr Simpson: Around 70—over the life of the review. Some of those have concluded, but we expect around 70, and maybe some 60 to 70 clinical reports. Senator WATT: I don't think you've given these figures already. How many are yet to report? Mr Simpson: It would be in the order of between 30 and 40, but I'd probably have to take that on notice to give you an exact figure. Senator WATT: Okay, if you could. Are there any that haven't yet met? Mr Simpson: We have one meeting for the first time next week, but it's only considering about 20 items, so we're anticipating that it will only require a couple of meetings. The report should be able to be considered by the task force by the end of the year or early in the new year. Senator WATT: Which one is that? Mr Simpson: Optometry. There may be others, but I'd have to confirm for you.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 124 |
| SQ18-001051 | 4 - Individual Health Benefits         | Waters, Larissa | Pregnancy Termination Services                                   | <p>Senator WATERS: Great. Can you walk me through—and these are genuine questions, because I don't know the answers—what the Commonwealth can now do, in terms of provision of pregnancy termination services through public hospitals, for example? What sorts of policy interventions could the Commonwealth now have to assist Queensland women, given that abortion has been now decriminalised? Ms Shakespeare: We probably can't help as much on the public hospital side. Hospital funding was in an earlier outcome today. So we might need to take that on notice for you. Senator WATERS: Okay.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 125 |
| SQ18-001052 | 2 - Health Access and Support Services | Waters, Larissa | Sexual and Reproductive Health in Rural and Regional Communities | <p>Senator WATERS: Okay. I know there's been some history about where the line is drawn and whether it's 45 or more, so I won't go over that. I'll just ask Richard. I'm sure he can tell me the answer to that. Are there any plans to deliver national commitments to better sexual and reproductive health outcomes for rural and regional communities—in particular for women's reproductive options? I'm not sure who's best to answer that. Ms Shakespeare: Certainly any services that are available under the Medicare Benefits Schedule are available to everybody. Senator WATERS: Irrespective of location? Ms Shakespeare: Regardless of which location they're in throughout Australia. So there are certainly services, but boosting access to services would probably be something that would fall under one of our other programs, possibly in population health. Senator WATERS: Can you shed any light on that? Ms Edwards: Generally speaking, there is a priority for everyone to make sure people have services to the greatest extent that they can in the place they live and to expand services in remote and regional areas. We have lots of activity happening across the department, in various ways, to try to boost that—for example, in the workforce area, in terms of trying to have additional doctors and nurses in remote and rural areas. Senator WATERS: Is there anything specifically on women's reproductive health? Ms Shakespeare: Could we take that on notice. There might be other people in the department as well working on that. Senator WATERS: That would be great. I'd like to learn a bit more at this stage.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 126 |

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| PDR No      | Outcome                        | Senator         | Broad Topic                             | Question   | Type of Question:<br>Hansard / Written                         |
|-------------|--------------------------------|-----------------|---|--|--|
| SQ18-001053 | 4 - Individual Health Benefits | Waters, Larissa | Medical Abortion                        | <p>Senator WATERS: Can you just clarify for me: are those PBS rebates up to nine weeks still available where the Criminal Code is still in play, namely New South Wales and, technically, South Australia as well? My understanding was no, but, if I'm wrong, that's great news. Ms Shakespeare: My only advice on the position in New South Wales is termination is generally considered lawful if performed to prevent serious danger to the woman's mental and physical health. In those circumstances, I think medical or surgical termination wouldn't be prevented by state law. Senator WATERS: There's a long and complex history behind that phrase. That was what was in play in Queensland too. It was so uncertain it had a chilling effect on doctors' comfort to provide these services. That all spiralled and there was generally a lack of access. Thank you for that, but I'm not satisfied that's sufficient. Certainly, we still want it decriminalised across the country. Maybe one of you could provide me with a bit more information on notice about that point about PBS availability and how that interacts with the need for a doctor to certify that the women's mental health or physical health is at risk from continuing the pregnancy? Ms Shakespeare: Certainly. I've only got numbers of scripts at a national level here. Senator WATERS: Yes, they're useful. Ms Shakespeare: But if we take it on notice, we can break that down into states for you, I think.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 126 and 127 |
| SQ18-001054 | 4 - Individual Health Benefits | Waters, Larissa | Reversible Contraceptive Insertions     | <p>Senator WATERS: Now that we've segued to PBS, what's the status of efforts to list those long-acting reversible contraceptive insertions on the PBS? Ms Shakespeare: I'm not sure. We'll have to take that on notice.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 127         |
| SQ18-001055 | 0 - Whole of Portfolio         | Singh, Lisa     | Cost of GP Care                         | <p>Senator SINGH: All right. I want to move on and asked questions to AIHW, mainly about out-of-pocket costs in relation to Medicare services, particularly about cost barriers to care. For the record, how many people have been delayed or avoided GP care due to cost, in the most recent financial year, which I think you would be able to provide, 2016-17? Mr Sandison: That's correct. It was eight per cent of the people that were involved using the patient experience survey who said that they'd put off and delayed interaction with a health service because of cost. Senator SINGH: That's eight per cent of 15½ year-olds— Mr Sandison: I will check on the exact numbers. I have just got the percentages down for the figures here. I can table a copy of the report? Senator SINGH: That would be fantastic, yes. That's GP care? Mr Sandison: Yes. We split it up between five different groupings, so GPs, specialists and so on. We will get a clean copy, mine's got a lot of notes—</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 127         |
| SQ18-001056 | 0 - Whole of Portfolio         | Griff, Stirling | Australian Health Performance Framework | <p>Senator GRIFF: So the COAG Health Council August meeting will tie into this? That is what you're saying? Mr Sandison: I'm not sure whether it's the August meeting. The framework was actually determined late last year. The institute, it's been agreed, has joined the— Senator GRIFF: That was about disclosure of hospital and clinician performance across also private and public? Mr Sandison: I won't speak on behalf of the department, but all of this tied into some of the work that was mentioned this morning about the enhancement of data as part of the reform agreements. This is one part of that. The institute's role is to support both AHMAC as well as the department. Senator GRIFF: Could you provide on notice the status of the work on this? Mr Sandison: On the new framework? Senator GRIFF: Yes. Mr Sandison: Certainly, Senator.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 129         |

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|-------------|--------------------------------|--------------|-----------------------------------|--|--|
| SQ18-001057 | 4 - Individual Health Benefits | Singh, Lisa  | Australian Hearing                | <p>Mr Martin: My recollection is that there was an announcement in the 2017-18 budget that there were no plans for the government to privatise Australian Hearing, although that agency sits within the Human Services portfolio, so more detailed questions might need to be directed to them. Senator SINGH: Minister, is that the case? Will the government commit to Australian Hearing remaining in government ownership in the next term of government, your own government? Senator Scullion: My understanding is that the department has just provided you with a reflection of what was announced at the last budget. I'll take that on notice. If the answer to that is different, I'll provide a different answer. Senator SINGH: If that's the case, Mr Martin, why then, in its response to the inquiry into hearing health and wellbeing in Australia, did the government simply note the committee's recommendation that the committee supports the decision not to privatise Australian Hearing and recommends that Australian Hearing be retained in government ownership? Senator Scullion: Well, noted is often that we note that that is a part of the report. It's a pretty neutral response, because no responses have been required— Senator SINGH: But noted gives no guarantee as to whether or not— Senator Scullion: Well, no, but it's not— Senator SINGH: It doesn't really mean a lot, to be honest; it just means you've read it. Senator Scullion: Noted, by convention, means a particular thing. It's ambivalent on that. I have a number of things as minister. I note it, simply that it has been a part of the report. We noted the report, but I don't think that can mean something one way or the other. What is more applicable about this matter is the statement during the budget that my department just referred to, that we had no intention of privatising Australian Hearing. Senator SINGH: Okay. Senator WATT: On that basis, will the government commit to Australian Hearing remaining in government ownership in the next term of government? Senator Scullion: As I've just indicated, my belief is that that has already been the case. As I've said, I'll take that on notice. If it's different, I'll provide you with a different answer.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 132         |
| SQ18-001058 | 4 - Individual Health Benefits | Watt, Murray | Private Health Insurance Premiums | <p>Senator WATT: Any time, Senator Smith. We're ready to move on to 4.4, private health insurance. The minister often points to Deloitte modelling, which I understand is from 2017, which he claims shows that the opposition's policies on private health insurance would result in a 16 per cent increase in premiums. Has the department provided any advice to the minister that would support this contention of a 16 per cent increase in premiums? Mr Maskell-Knight: The minister released a fact sheet drawn on modelling that's been commissioned for MAC with the announce of the private insurance reforms and that showed what Deloitte's estimated the impact on premiums of different configurations of product categories would be. Fact sheet option 3 is described as essentially removing restrictions. So what it effectively amounts is to getting rid of the products which Senator Di Natale characterises as 'junk'. Were that to happen and were psychiatric care to be limited to silver and gold, and bronze not to have psychiatric care in it, then the impact on premiums would be about 15.7 per cent. Senator WATT: Could you table that document for us, please? Mr Maskell-Knight: It's the only copy I have. Senator WATT: Yes, once you run off a copy. So that's a fact sheet that was provided? Mr Maskell-Knight: It was put up on the department's website in October last year.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 135 and 136 |

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|-------------|---------------------------------------|-----------------|---|---|--|
| SQ18-001059 | 4 - Individual Health Benefits        | Watt, Murray    | Private Health Insurance Policies                   | <p>Senator WATT: Have any insurers indicated they will implement gold, silver, bronze and basic policies immediately or before that one-year extension? Mr Maskell-Knight: A number of insurers have indicated they plan on offering those products early in the new year. Senator WATT: How many? Mr Maskell-Knight: I would have— Senator WATT: Or which ones? Mr Maskell-Knight: I'm not sure it would be appropriate to say which ones, for commercial reasons. I can think of a number, but I would have to go back and check our records. Senator Scullion: We might take that one on notice. Senator WATT: Do you know what percentage of the market? Mr Maskell-Knight: I would need to confirm that. Senator WATT: If you can take that on notice. I understand Deloitte prepared a report regarding the gold, silver, bronze and basic policy change dated 28 June 2018. Have you got a copy of that here? Ms Shakespeare: No. Senator WATT: There's been a lot written about this report over recent weeks. Is there a reason that it hasn't been released publically? Ms Shakespeare: It's modelling. Senator WATT: It doesn't sound like there is an issue with tabling it, in that case. Can you please table a copy of that? I realise you haven't got it with you, but could you please table a copy of that? Ms Beauchamp: We will take that on notice and see what status it's got. Senator WATT: Okay, but I note that both officers shrugged their shoulders when I asked whether there was a reason that it couldn't be released publically. Ms Beauchamp: Sorry, I'm just providing— Senator WATT: Unfortunately, the Hansard doesn't pick up body language. Ms Beauchamp: I'm just providing a formal response. Senator Scullion: I'm sure that body language was indicating that they weren't absolutely accurate in providing the information why it couldn't be released. We'll have a look at those matters and we will give you the answer on notice.</p> | Hansard Proof, 24 October 2018, CA Committee, Page 137 and 138 |
| SQ18-001060 | 5 - Regulation, Safety and Protection | Singh, Lisa     | Silica Dust   | <p>Senator SINGH: Has the national industrial chemicals regulator made any recommendations around the handling of silica dust? Prof. Murphy: I don't think an engineered piece of stone would fit under the criteria. I could take that on notice, but I wouldn't have thought that that would be classified as an industrial chemical.</p>   | Hansard Proof, 24 October 2018, CA Committee, Page 139 and 140 |
| SQ18-001061 | 5 - Regulation, Safety and Protection | Siewert, Rachel | Debilitating Syndrome Complexes Attributed to Ticks | <p>Senator SIEWERT: This is where I wanted to go. I want to go specifically to the issue around the report, which we discussed last time, out of the patient group forum for debilitating syndrome complexes attributed to ticks. My recollection of what we talked about last time is that the report was imminent in terms of reporting back to participants. Prof. Murphy: At the last estimates, I think we'd only had the health professionals forum. I don't think we had had the patient forum. Senator SIEWERT: Yes, I think you had. Dr Lum: Excuse me, Senator, are you referring to the NRL evaluation of the tests serological tests performed in Australia? Senator SIEWERT: No, I was talking about the patient group forum. I thought that had been held as well. Ms Appleyard: There were two patient group forums. One had been conducted by estimates last time. There was a subsequent one in July and that was in Sydney, and that was the larger patient group forum. The reports from both of those forums are on the website. I think that's right. Senator SIEWERT: From both forums? Ms Appleyard: That's correct, yes. Senator SIEWERT: When did the second one go up? Ms Appleyard: It was probably at least within the last month or so, I would have thought. I can find that out for you and take it on notice if you're keen on knowing the date. Senator SIEWERT: Yes, if you could, that would be appreciated. Would you be able to provide me with the link to that? Ms Appleyard: Yes. It went up this month, I'm advised. Senator SIEWERT: In other words, just fairly recently? Ms Appleyard: Yes, fairly recently.</p>  | Hansard Proof, 24 October 2018, CA Committee, Page 141         |

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|-------------|---|-------------------|--|--|--|
| SQ18-001069 | 2 - Health Access and Support Services          | Williams, John    | E-cigarettes   | a)Can you confirm that an independent inquiry will be conducted by the National Centre for Epidemiology and Population Health at the Australian National University into the future of e-cigarettes and personal vaporisers? If so, when will this Inquiry commence? b)Have the terms of reference for this Inquiry been drafted and if so when will they be made public? c)Who will head the Inquiry and who else will be appointed to conduct this work? d)Will these appointments be made by the relevant centre at ANU or will the Government have a role in the appointment process? e)Will the Inquiry report to Minister Bridget McKenzie who is responsible for tobacco policy? f)Is there a deadline for this inquiry to be finalised? g)Will the Department of Health play any role in assisting this Inquiry? | Written                                |
| SQ18-001075 | 2 - Health Access and Support Services          | Williams, John    | E-cigarettes   | Will the Government respond to the Zimmermann Report before the end of 2018?   | Written                                |
| SQ18-001076 | 2 - Health Access and Support Services          | Williams, John    | E-cigarettes   | Would you concede the Department of Health's view on e-cigarettes is different to the consensus view of other nations where e-cigarettes and personal vaporisers are legal like the European Union, Canada, Japan, Korea, the USA and the United Kingdom? What is the rationale behind this opposite view?   | Written                                |
| SQ18-001077 | 5 - Regulation, Safety and Protection           | Leyonhjelm, David | ANSTO Land   | a) Has ARPANSA advised ANSTO to not allow law-abiding firearms owners to use the range on ANSTO land.<br>b) What issues, if any, does private use of the range raise, that are not raised by police use of the range?  | Written                                |
| SQ18-001078 | 1 - Health System Policy, Design and Innovation | Patrick, Rex      | Evaluation of Tasmania's Better Access to Palliative Care Program  | During Additional Budget Estimates in March 2017, Mr Mark Cormack, Deputy Secretary, Strategic Policy and Innovation Group, advised the committee that the Department had received an evaluation of Tasmania's Better Access to Palliative Care program. The evaluation was undertaken by Australian Healthcare Associates (AHA). It is my understanding that a copy of AHA's evaluation has been provided to Palliative Care Tasmania by the Department of Health and Human Services, however has not been made public. Could the Department please provide a copy of this evaluation?  | Written                                |
| SQ18-001079 | 2 - Health Access and Support Services          | Abetz, Eric       | Taxpayer spending on the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC). | Has the Australian Government provided any funding to the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC) secretariat in the past two financial years? If so, what amounts?   | Written                                |
| SQ18-001080 | 2 - Health Access and Support Services          | Abetz, Eric       | Taxpayer spending on the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC)  | Does the Australian Government or the Department of Health provide any other assistance to the FCTC, including any non-financial support or support in-kind?   | Written                                |
| SQ18-001081 | 2 - Health Access and Support Services          | Abetz, Eric       | Taxpayer spending on the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC)  | Will the Australian Government be making any future contributions to the FCTC and if so will it ensure the FCTC provides full disclosure on where this money is being spent and for what purpose?  | Written                                |
| SQ18-001082 | 2 - Health Access and Support Services          | Abetz, Eric       | Taxpayer spending on the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC)  | Does the FCTC provide the Australian Government with any detail on how Australian taxpayers' money is being spent? If not, has the Australian Government or the Department of Health ever requested an itemised account of what this money has been used for?  | Written                                |



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Department of Health**

| PDR No      | Outcome                                | Senator       | Broad Topic   | Question  | Type of Question:<br>Hansard / Written                                |
|-------------|--|---------------|---|---|---|
| SQ18-001083 | 2 - Health Access and Support Services | Abetz, Eric   | Taxpayer spending on the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC) | How is Australia's financial contribution to the FCTC calculated and are any outstanding monies owed?   | Written   |
| SQ18-001084 | 2 - Health Access and Support Services | Abetz, Eric   | Australia's Role at COP 8   | a) Can the Department of Health provide a summary of the official position it took on each agenda item at the recent COP 8 conference in Geneva? b) How were these COP positions determined and who did the Health delegation liaise with and seek approval from back in Australia? c) What was the Health delegation's official position on e-cigarette legalisation at the COP 8 conference?  | Written   |
| SQ18-001085 | 2 - Health Access and Support Services | Abetz, Eric   | Australia's Role at COP 8   | Will there be an international working group established on illicit tobacco after the MOP (Meeting of Parties) meeting in Geneva and will Australia be seeking a position on that working group?  | Written   |
| SQ18-001086 | 5 - Regulation, Safety and Protection  | Watt, Murray  | PFAS Blood Test Program   | It was recently reported that multiple individuals have had blood tests conducted by Sonic Healthcare, and also sought private blood tests. The private blood tests returned results significantly higher than those conducted by Sonic Healthcare. Did the Minister authorise or approve the selected contractor, Sonic Healthcare, for the voluntary PFAS blood test program? a) If the Minister was not involved, who was the authorising person? b) Which Department are they from?   | Written   |
| SQ18-001087 | 5 - Regulation, Safety and Protection  | Watt, Murray  | PFAS Blood Test Program   | It was recently reported that multiple individuals have had blood tests conducted by Sonic Healthcare, and also sought private blood tests. The private blood tests returned results significantly higher than those conducted by Sonic Healthcare. Was the Minister or the Department aware of the legal issues Sonic Healthcare faced in Ireland and the regulatory issues faced in the United States before it approved the contract? If so, what assurances were provided to the Minister or the Department that similar issues wouldn't arise in the testing process used in the PFAS Voluntary Blood Testing Program?   | Written   |
| SQ18-001088 | 5 - Regulation, Safety and Protection  | Watt, Murray  | PFAS Blood Test Program   | It was recently reported that multiple individuals have had blood tests conducted by Sonic Healthcare, and also sought private blood tests. The private blood tests returned results significantly higher than those conducted by Sonic Healthcare. What steps did the Department take to manage reputational risk to the Department, the Minister for Health and the Australian Government in using Sonic Healthcare as the testing provider for the PFAS Voluntary Blood Testing Program?   | Written   |
| SQ18-001089 | 5 - Regulation, Safety and Protection  | Watt, Murray  | PFAS Blood Test Program   | It was recently reported that multiple individuals have had blood tests conducted by Sonic Healthcare, and also sought private blood tests. The private blood tests returned results significantly higher than those conducted by Sonic Healthcare. Please outline the due diligence process the Department undertook in preparing for the contract.  | Written   |
| SQ18-001090 | 6 - Ageing and Aged Care               | Polley, Helen | High-level Packages   | Senator POLLEY: Yes, but you would know, having had 14,000 over the time. From 1 July until now, you should be able to give a figure of how many of those 14,000 have been rolled out currently. Ms Buffinton: On the 8,700 high-level packages this year, we can take on notice at this point in time exactly how many, but I'm just letting you know that it has been proportioned across. We do a weekly release, and they've been fairly evenly proportioned across the year. Senator POLLEY: So how many are you rolling out weekly? Ms Buffinton: More broadly and, say, in recent weeks, we've been offering about 2,300 packages of all level types. What you're asking for is the subset of the new packages and how many of those are being rolled out. That's the part that I will need to take on notice. Senator POLLEY: If you could, I would appreciate that. If you could get those figures to us today, that would be even better. | Hansard Proof, 24<br>October 2018, CA<br>Committee, Page 28 and<br>29 |

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| PDR No      | Outcome   | Senator         | Broad Topic                             | Question   | Type of Question:<br>Hansard / Written                |
|-------------|---|-----------------|---|--|---|
| SQ18-001091 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | My Health Record                        | Senator GRIFF: Can I go back to the 1.4 million who opted out. Have you got that broken down by state? Mr Kelsey: We don't, I'm afraid. Senator GRIFF: On notice, could you provide that by state and also by gender and age? Mr Kelsey: I'm not sure we will be able to do that, because, obviously, when people opt out they don't provide us with a geographical location. But if we can, we will provide it. Ms Edwards: If I can jump in: of course, the opt-out period hasn't ended and the paper forms are not yet reconciled. I wonder if what you're really after is those breakdowns of the final— Senator GRIFF: I would like to see it at this stage—at this point. Ms Edwards: I only raise it because I think it might be a large amount of effort on an unfinished process— Senator GRIFF: Yes, fair point. Ms Edwards: and I'm not sure whether it's actually going to be feasible or easy to do it. Obviously, I understand why you want the information, and it would be very important at the end. But, for example, you'll have virtually none in remote areas because we're doing paper forms there for their convenience. So I wonder whether if it would be possible to give you a breakdown of the final, if it's possible. Mr Kelsey: If it's possible, yes. I'd agree with my colleague that it would be more useful to have that breakdown at the end of the process. | Hansard Proof, 24 October 2018, CA Committee, Page 66 |
| SQ18-001092 | 0 - Whole of Portfolio                          | Farrell, Don    | Administration Costs                    | What was the total cost incurred by the Department on new business cards for all Ministers, Assistant Ministers and Ministerial staff following the change of Prime Minister on 24th August 2018, and the subsequent reshuffle of the Government ministry on 28th August 2018 (please include production, design, and printing costs)?   | Written   |
| SQ18-001093 | 0 - Whole of Portfolio                          | Farrell, Don    | Administration Costs                    | What was the total cost incurred by the Department on new letterhead and personalised stationery for all Ministers, Assistant Ministers and Ministerial staff following the change of Prime Minister on 24th August 2018, and the subsequent reshuffle of the Government ministry on 28th August 2018? (please include production, design, and printing costs)   | Written   |
| SQ18-001094 | 0 - Whole of Portfolio                          | Farrell, Don    | Administration Costs                    | What was the total cost incurred by the Department on new electronic equipment (including telephones, ipads, computers, laptops) for all Ministers, Assistant Ministers and Ministerial staff following the change of Prime Minister on 24th August 2018, and the subsequent reshuffle of the Government ministry on 28th August 2018?   | Written   |
| SQ18-001095 | 2 - Health Access and Support Services          | Pratt, Louise   | Women's Health Strategy                 | Could you please let me know if/where issues such as Polycystic Ovaries, Fibroids, Prolapse, Menopause, Hysterectomies, Vulval issues are included in the Women's Health Strategy. Endometriosis has a mention, where do the other Gynaecological health issues fit in the strategy. Who and which part of the Australian Health Department is responsible for these health issues. Who is the lead officer?   | Written   |
| SQ18-001096 | 2 - Health Access and Support Services          | Siewert, Rachel | Electroconvulsive Therapy               | Does the Department monitor the use of Electroconvulsive Therapy (ECT) across Australia?   | Written   |
| SQ18-001097 | 4 - Individual Health Benefits                  | Siewert, Rachel | MBS Funding - Electroconvulsive Therapy | Please provide MBS funding spent for each of the last 3 financial years on Electroconvulsive Therapy (ECT) broken down by states and territories?  | Written   |
| SQ18-001098 | 4 - Individual Health Benefits                  | Siewert, Rachel | Funding for Psychotropic Drugs          | Please provide PBS funding for psychotropic drugs for the last 3 financial years broken down by states and territories?  | Written   |

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Department of Health**

| PDR No      | Outcome                                | Senator         | Broad Topic   | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|-----------------|---|--|--|
| SQ18-001099 | 2 - Health Access and Support Services | Siewert, Rachel | General Practitioner Aged Care Access Incentive                                 | a) How many GPs have received Tier 1 and Tier 2 payments of the GP ACAI since this PIP commenced on 1 July 2008 (broken down by year and Tier)? b) What is the total cost of Tier 1 and Tier 2 payments made through the GP ACAI since 1 July 2008 (broken down by year and Tier)? c) Can the Department provide the rationale behind removing the GP ACAI, particularly in light of the Federal Government's recent announcement of the Royal Commission into Aged Care Quality and Safety? d) Why was advice from the profession ignored for the ACAI but not other incentives?          | Written                                |
| SQ18-001100 | 2 - Health Access and Support Services | Siewert, Rachel | Remuneration for GPs providing care in Residential Aged Care Facilities (RACFs) | a) Can the Department clarify why other medical professionals are not subject to the same fee structure as GPs when providing care to patients in RACFs? b) In order to ensure that GPs continue to provide services in RACFs, does the Department intend to modify this fee structure?  | Written                                |
| SQ18-001101 | 4 - Individual Health Benefits         | Siewert, Rachel | Indexation  | a) What modelling was done to determine the impact of indexation for GP standard consultations? b) Why weren't identical mental health and PIP consultations included as part of this indexation? c) If these numbers were an oversight, why haven't they been corrected since?  | Written                                |
| SQ18-001104 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Ministerial functions   | In relation to any functions or official receptions hosted by Ministers or Assistant Ministers in the portfolio in the financial year commencing 1 July 2017, can the following please be provided: •List of functions; •List of attendees including departmental officials and members of the Minister's family or personal staff; •Function venue; •Itemised list of costs (GST inclusive); •Details of any food served; •Details of any wines or champagnes served including brand and vintage; •Any available photographs of the function; and •Details of any entertainment provided. | Written                                |
| SQ18-001105 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Departmental functions  | In relation to expenditure on any functions or official receptions etc hosted by the Department or agencies within the portfolio in the financial year commencing 1 July 2017, can the following please be provided: •List of functions; •List of attendees; •Function venue; •Itemised list of costs (GST inclusive); •Details of any food served; •Details of any wines or champagnes served including brand and vintage; •Any available photographs of the function; and •Details of any entertainment provided.  | Written                                |
| SQ18-001106 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Executive office upgrades   | Were the furniture, fixtures or fittings of the Secretary's office, or the offices of any Deputy Secretaries, upgraded in the financial year commencing 1 July 2017? If so, can an itemised list of costs please be provided (GST inclusive)?  | Written                                |
| SQ18-001107 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Facilities upgrades   | Were the facilities of any of the Department's premises upgraded in the financial year commencing 1 July 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                                |
| SQ18-001108 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Staff travel  | What was the total cost of staff travel for departmental employees in the financial year commencing 1 July 2017?   | Written                                |
| SQ18-001109 | 0 - Whole of Portfolio                 | Bilyk, Catryna  | Media Monitoring  | What was the Department's total expenditure on media monitoring in the financial year commencing 1 July 2017? Can an itemised list of all Austender Contract Notice numbers for all media monitoring contracts in that period please be provided?  | Written                                |

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| PDR No      | Outcome                  | Senator         | Broad Topic                           | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|-----------------|---------------------------------------|--|--|
| SQ18-001111 | 0 - Whole of Portfolio   | Bilyk, Catryna  | Advertising and information campaigns | What was the Department's total expenditure on advertising and information campaigns in the financial year commencing 1 July 2017? What advertising and information campaigns did the Department run in the relevant period? Can an itemised list of all Austender Contract Notice numbers for all advertising and information campaign contracts in that period please be provided?   | Written                                |
| SQ18-001112 | 0 - Whole of Portfolio   | Bilyk, Catryna  | Promotional merchandise               | What was the Department's total expenditure on promotional merchandise in the financial year commencing 1 July 2017? Can an itemised list of all Austender Contract Notice numbers for all promotional merchandise contracts in that period please be provided? Can photographs or samples of relevant promotional merchandise please be provided?   | Written                                |
| SQ18-001113 | 6 - Ageing and Aged Care | Pratt, Louise   | Aged Care Beds                        | a) How many organisations received fines for failure to comply with the requirement to have available beds for disadvantaged/financial hardship places? b) For these organisations that received fines, where were they located by postcode? c) What was the total number of fines issued and what was the total of the fines? d) How was the revenue raised from fines then spent on the provision of more beds or services for aged care?  | Written                                |
| SQ18-001114 | 0 - Whole of Portfolio   | Bilyk, Catryna  | Ministerial overseas travel           | Can an itemised list of the costs of all international travel undertaken by Ministers or Assistant Ministers in the portfolio in the financial year commencing 1 July 2017 please be provided? This list should include the costs of: •Flights for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the airline and class of travel; •Ground transport for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials; •Accommodation for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials, and identify the hotels the party stayed at and the room category in which the party stayed; •Meals and other incidentals for the Minister and any accompanying members of the Minister's personal staff or family members, as well as any accompanying departmental officials. Any available menus, receipts for meals at restaurants and the like should also be provided; and •Any available photographs documenting the Minister's travel should also be provided. | Written                                |
| SQ18-001115 | 0 - Whole of Portfolio   | Bilyk, Catryna  | Social media influencers              | What was the Department's total expenditure on social media influencers during the financial year commencing 1 July 2017? What advertising or information campaigns did the Department use social media influencers to promote? Can a copy of all relevant social media influencer posts please be provided? Can an itemised list of all Austender Contract Notice numbers for all relevant social media influencer contracts please be provided?  | Written                                |
| SQ18-001116 | 6 - Ageing and Aged Care | Griff, Stirling | Home Care Packages                    | In reference to unspent Home Care Package funds for recipients who have left care: a.What is the total amount of unspent home care package funds returned or reported by providers in 2017-18, and how many recipients exiting home care does this relate to?  | Written                                |

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Department of Health**

| PDR No      | Outcome   | Senator         | Broad Topic                                  | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|-----------------|--|---|--|
| SQ18-001117 | 2 - Health Access and Support Services          | Siewert, Rachel | National Mental Health Performance Framework | a) Does the National Mental Health Performance Framework (NMHPF) describe the range and quantities of mental health services required by the Australian population in different states, territories and/or regions? b) Will the Commonwealth publish details of this analysis in a way that is understandable to the Australian public? c) If not, why not? d) Isn't providing such information vital so that governments can be transparent and accountable for the mental health system provided and we can understand why it doesn't seem adequate? e) If not the framework, then what benchmarks will be made publicly available so that the Australian people can understand the proportion of the population's need for mental health services it is planned that publicly funded services will provide? f) What part will be provided by the states and what part by the Commonwealth, and what is the plan for the remainder?   | Written                                |
| SQ18-001118 | 6 - Ageing and Aged Care                        | Griff, Stirling | Home Care Packages                           | In reference to other Home Care Package matters: a.In response to SQ18-000674 the Department advised that "an initial risk profiling and data analysis exercise has been undertaken to identify home care providers who are key outliers in relation to their self-reporting of unspent funds". How many providers have been identified as being "outliers"? What proportion of providers does that represent? b.What indicators and behaviours is the pilot measuring? Are the measures all self-reported by providers, or is there independent auditing? c.Is the auditing process able to determine whether funds are spent appropriately, and that there is no last-minute spending rush before the final tally for unspent funds is disclosed to the department? d.When does the department anticipate it will have a more rigorous compliance regime in place? What penalties will there be for willful non-compliance (for instance, not fully disclosing unspent funds, or misusing unspent funds of residents who have exited home care)? e.Does the department have any estimate as to how much in total there might be in undisclosed, outstanding unspent funds currently being retained by providers? f.What compliance action has been taken against providers to date in relation to unspent or misspent home care funds? Please provide breakdown by provider, action taken and outcome. g.In June, the Department put out a fact sheet to help providers "actively manage unspent funds". What prompted this advice to providers? h.Regarding the \$329 million in unspent funds referred to by the Department (Hansard 24 October 2018), is there any limit on the amount of funds that are able to be accumulated by an individual? What happens to the funds that are accumulating? For example, do they attract interest and/or are they able to be invested by providers? i.What is the current average waiting time, broken down by state/territory and package type, to receive a home care package? j.How many people over 65 years old are living in areas serviced by three or less home care providers? Please provide a breakdown of this data by State and Territory. k.Noting that an underlying premise of the Home Care Package program is "consumer choice" and that fees and charges for services are negotiated by the consumer, has any work been done to investigate whether there are areas of "market failure" in regions where there is no, or very little, choice of provider? If so, is anything being done to address this? l.Noting that from the time they are assigned a home care package, people have less than 3 months to find a provider and enter into an agreement with them, how many people fail to meet this timeframe? Please provide a breakdown of this information by state and territory. | Written                                |
| SQ18-001119 | 6 - Ageing and Aged Care                        | Griff, Stirling | Aged Care Navigator Network                  | In reference to the Aged Care Navigator Network: a.How many tenders were received for the call that closed on 23 October 2018 to trial a new aged care navigator network? b.How many people has it been forecasted will use the aged care navigator network?  | Written                                |
| SQ18-001120 | 5 - Regulation, Safety and Protection           | Griff, Stirling | Syphilis Outbreak                            | In reference to the syphilis outbreak that has resulted for the first time in 18 years in birth of a baby in South Australia affected by congenital syphilis: Why is it that 18 months after declaration of a syphilis outbreak in South Australia, there has not yet been rollout of the Federal "test and treat" rapid response model in South Australia? When will this commence?  | Written                                |
| SQ18-001121 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record                              | In reference to My Health Record (MHR): a.Please provide a breakdown by state/territory, age and gender the number of people who did not have a MHR and who opted out by the deadline of 15 November 2018.  | Written                                |

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| PDR No      | Outcome   | Senator         | Broad Topic       | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|-----------------|-------------------|---|--|
| SQ18-001122 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | How many people have cancelled an existing MHR to date? Please provide by a breakdown by state/territory.   | Written                                |
| SQ18-001123 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | Regarding the Department's advice that it was aware of one request from a law enforcement agency for information from MHR and no records were released (Hansard 24 October 2018): -What information was sought? -Why were no records released in response to the initial request? -Were records ultimately released in response to a court order? -Was the department able to provide, or did it offer to provide, the requested information through other means at its disposal (e.g. Medicare records etc)? | Written                                |
| SQ18-001124 | 5 - Regulation, Safety and Protection           | Griff, Stirling | Syphilis Outbreak | In reference to the syphilis outbreak that has resulted for the first time in 18 years in birth of a baby in South Australia affected by congenital syphilis: What Commonwealth funded programs have been or will be implemented in South Australia to deal with this outbreak? When will they be implemented?  | Written                                |
| SQ18-001125 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | Which parties, other than the owner of an account, are authorised to remove records from the owner's MHR?   | Written                                |
| SQ18-001126 | 5 - Regulation, Safety and Protection           | Griff, Stirling | Syphilis Outbreak | In reference to the syphilis outbreak that has resulted for the first time in 18 years in birth of a baby in South Australia affected by congenital syphilis: How much funding has been or will be committed by the Commonwealth to deal with the outbreak in South Australia and what is this funding for? For any funding that has not yet commenced, what date will it commence?   | Written                                |
| SQ18-001127 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | What types of coding errors can occur and what are the consequences in terms of a person being able to identify who has accessed their MHR?   | Written                                |
| SQ18-001128 | 5 - Regulation, Safety and Protection           | Griff, Stirling | Syphilis Outbreak | In reference to the syphilis outbreak that has resulted for the first time in 18 years in birth of a baby in South Australia affected by congenital syphilis: If the outbreak area is extended to Adelaide, will additional Commonwealth funding be made available to South Australia? If not, why not?   | Written                                |
| SQ18-001129 | 5 - Regulation, Safety and Protection           | Gallacher, Alex | Radioactive Waste | Can ARPANSA produce a detailed inventory of low level and Intermediate level radioactive waste by geographical location and cubic meterage.   | Written                                |
| SQ18-001130 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | Under what circumstances can one person's record incorrectly end up in another person's MHR account?  | Written                                |
| SQ18-001131 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | What are the key aspects of the MHR system that are vulnerable to human error?  | Written                                |
| SQ18-001132 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | How many FTEs have been, or are intended to be, hired to deal with problems or complaints from the public arising from administration of the MHR system?  | Written                                |
| SQ18-001133 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record   | a) How many problems or complaints are forecasted to be received per year? What is this number based on? b) How quickly is a problem or complaint required to be dealt with? Please provide a breakdown by the nature of the complaint or by any other metrics that have been established for the handling of complaints.   | Written                                |

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| PDR No      | Outcome   | Senator         | Broad Topic  | Question   | Type of Question:<br>Hansard / Written |
|-------------|---|-----------------|--|--|--|
| SQ18-001134 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHealth Record  | Regarding the statement by Ms McMahon that “[i]f they’re logging into the terminal, then their local log-in is retained or they capture the HPI-I. They must do one or the other, but it must go down to the individual person who is logging in. That’s a requirement in the legislation and under our portal operator agreement” and the statement by Mr Kelsey “[y]es, by law they have to do that” (Hansard, 24 October 2018): please advise the specific sections of the legislation and set out the detail of the clauses of the portal operator agreement that were being referred to.  | Written                                |
| SQ18-001136 | 2 - Health Access and Support Services          | Griff, Stirling | Head to Health   | In reference to mental health: a. Noting the Department’s statement (Hansard 24 October 2018) that there have been “360,163 active sessions” on the Head to Health website, approximately how many unique visitors does this figure correspond to?   | Written                                |
| SQ18-001137 | 2 - Health Access and Support Services          | Griff, Stirling | Mental Health  | Regarding the statement by Ms Lewis that “mental health shouldn’t just sit in the Health portfolio. It’s an issue across portfolios in terms of housing, social services, justice and forensic child protection, and we’re really keen to make sure mental health becomes something on everyone’s agenda” (Hansard, 24 October 2018) What, specifically, are the activities and tasks that the NMHC is intending to undertake in the next year to put mental health on everyone’s agenda?  | Written                                |
| SQ18-001138 | 2 - Health Access and Support Services          | Griff, Stirling | Mental Health  | How many people are known, or estimated, to need provider of last resort assistance? How many people who need this assistance are not receiving it?  | Written                                |
| SQ18-001139 | 2 - Health Access and Support Services          | Griff, Stirling | Australia and New Zealand Ministerial Forum on Food Regulation | In reference to FSANZ: a. On Oct 11, the Australia and New Zealand Ministerial Forum on Food Regulation tasked FSANZ with developing a mandatory alcohol labelling standard for pregnancy warning labels as a matter of priority. Has this work started? b. What resources and evidence (eg research?) will FSANZ use to guide the development of the standard? c. In developing this standard, how much weight will be given to industry view as to prominence, content and location of the labels? d. Does FSANZ have any early view on whether this warning is best placed prominently on the front of bottles and alcohol packaging? | Written                                |
| SQ18-001140 | 2 - Health Access and Support Services          | Griff, Stirling | Chemicals in Food  | a) Noting the response to SQ18-000065 advised that 23rd ATDS was the most recent study undertaken by FSANZ to monitor the level of agricultural chemicals in foods and that this study was published in 2011, when is it planned to undertake another study to monitor the level of agricultural chemicals in foods? b) Does FSANZ monitor agricultural chemicals in imported foods? If not, who does?   | Written                                |
| SQ18-001141 | 2 - Health Access and Support Services          | Waters, Larissa | Queensland Hospital Abortion Services                          | What is the number and location of public hospitals in QLD that currently offer abortion services?   | Written                                |
| SQ18-001142 | 2 - Health Access and Support Services          | Griff, Stirling | Chemicals in food  | Noting the response to SQ18-000661 that risk assessments for chemicals are based on “the best available information” and further noting that the Acceptable Daily Intake for chemicals such as glyphosate and chlorpyrifos are based on studies that were conducted or sponsored by the chemical industry and that are also many decades old, is FSANZ satisfied that risk assessments for these chemicals are based on “the best available information”? If so, how has FSANZ satisfied itself in this regard?  | Written                                |

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| PDR No      | Outcome   | Senator         | Broad Topic           | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|-----------------|-----------------------|---|--|
| SQ18-001143 | 5 - Regulation, Safety and Protection           | Waters, Larissa | Hygiene Rules         | a) Please outline the hygiene rules which enable the TGA to prohibit distribution of menstrual hygiene products where the external packaging has been opened. This rule is being interpreted by charitable organisations that they cannot create free feminine hygiene packs using pads which are sealed but their external packet is unsealed. Is this correct? b) Which sanitary items do the hygiene rules apply to? Is there any ability to gain exemptions for organisations who wish to use donated products to provide to women in need? What process would need to be followed and what health standards met?   | Written                                |
| SQ18-001144 | 2 - Health Access and Support Services          | Griff, Stirling | FASD Strategy         | In reference to the National FASD Strategy 2018 – 2028: a. Noting the advice from the department that the strategy is not anticipated to be finalised until the end of 2018, why is finalisation of this strategy not being treated with more urgency given FASD is preventable and addressing it would result in significant public and economic benefits - such as reducing future incarceration rates?   | Written                                |
| SQ18-001145 | 4 - Individual Health Benefits                  | Griff, Stirling | MBS Review Taskforce4 | In reference to the MBS Review Taskforce: a. What savings has the taskforce generated to date? b. What recommendation has resulted in the single most effective cost savings? c. What proportion of the overall cost savings has been reinvested directly back into health? d. The taskforce has proposed reducing the fee paid to surgical assistants from 20% to 15% of the surgeon's fee. How will this measure lead to reduced out of pocket gaps for patients? e. The taskforce has also decided to continue to limit MBS rebates for surgical assisting to doctors. Given that this measure discriminates against highly qualified nurse practitioners, what is the justification for continuing with this rebate limitation?   | Written                                |
| SQ18-001146 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MyHospitals Website   | In reference to the commitment by Ministers at the August 2018 COAG Health Council meeting to “create a data and reporting environment that increases patient choice through greater public disclosure of hospital and clinician performance and information” and to the statement by Mr Sandison (Hansard, 24 October 2018) implying that the reason certain indicators have not been publicly reported on is not because they remain under development but due to “the absence of data and the relevance of indicators”: a. Can you please advise the precise reason or reasons (e.g. insufficient data, or no longer considered relevant etc) that each of the following safety indicators are not included on the MyHospitals website as variables that hospitals can be compared against: -Adverse events treated in hospital -Falls resulting in patient harm in hospitals -Standardised mortality ratio -Healthcare associated clostridium difficile infections -In hospital mortality rates for: oAcute myocardial infarction oHeart failure oStroke oFractured neck of femur oPneumonia -Death in low-mortality Diagnostic Related Groups -Unplanned hospital readmission rates for patients discharged following management of: oAcute myocardial infarction oHeart failure oKnee and hip replacement oDepression oSchizophrenia oPaediatric tonsillectomy and adenoidectomy b. Please provide details as to the status of steps that have been taken and those that are intended to be taken, including target dates for delivery of these steps, to implement the COAG Health Council commitment in relation to: -Public hospitals -Private hospitals -Day surgeries -Individual clinicians c. Where does implementing the COAG Health Council commitment feature in the list of departmental priorities? | Written                                |



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| PDR No      | Outcome   | Senator         | Broad Topic                                | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|-----------------|--|---|--|
| SQ18-001147 | 1 - Health System Policy, Design and Innovation | Griff, Stirling | MBS item                                   | In reference to MBS item number 16590 (ante-natal 'planning and management'): a.Please provide a breakdown by state and territory of the mean, median and range of fees being charged for this item or any other statistical information that is available in relation to fees being charged for this item. b.Is anything other than relying on market forces, as suggested by Prof Murphy (Hansard 24 October 2018), intending to be done to reign in out of pocket costs for this item number? If so, please specify the actions being taken.   | Written                                |
| SQ18-001148 | 4 - Individual Health Benefits                  | Griff, Stirling | Out-of-pocket Costs                        | In reference to the activities of the Ministerial Advisory Committee on Out-of-Pocket Costs: a.What, if any, recommendations have been made to the Minister to date? Have any responses to recommendations been received from the Minister? b.Is it intended that a publicly searchable website that allows consumers to make informed choices about medical fees will be established? If so, what is the timeframe for this? If not, why not?  | Written                                |
| SQ18-001149 | 4 - Individual Health Benefits                  | Griff, Stirling | MSAC applications                          | In reference to progress on MSAC applications: a.What is the status of the health technology assessment for purified human A1-P1 for therapy in adults with Alpha 1-antitrypsin deficiency (MSAC application no. 1530)?   | Written                                |
| SQ18-001150 | 4 - Individual Health Benefits                  | Griff, Stirling | MSAC applications                          | In reference to progress on MSAC applications: What is the status of the application for a new MBS item for Non-Invasive Pregnancy Testing (MSAC application no. 1458)?   | Written                                |
| SQ18-001151 | 2 - Health Access and Support Services          | Griff, Stirling | Australian Genomic Cancer Medicine Program | In reference to the Minister's announcement in July of \$50 million to assist the Garvan Institute roll out its Australian Genomic Cancer Medicine Program: a.What is the status of the funding process? If the funds have not yet been disbursed when will the funding be finalised? b.What is the anticipated timeframe for the program to be up and running in South Australia, and also in the other jurisdictions participating in the program?  | Written                                |
| SQ18-001152 | 2 - Health Access and Support Services          | Griff, Stirling | Vaping                                     | In reference to health risks of vaping: a.Is the Department aware of any research that has been conducted to assess whether vaping by young adults who are not tobacco smokers is a gateway, not to the smoking of tobacco products, but to becoming addicted to nicotine in vaping products? b.When does the department intend to finalise its response to the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia for the government's consideration?  | Written                                |
| SQ18-001153 | 2 - Health Access and Support Services          | Griff, Stirling | Health Care Homes program                  | In reference to the Health Care Homes program: a.How many people are currently enrolled in this program? b.How many random audits or reviews have been carried out to date and what are the findings? c.Is the primary compliance auditing method for this program a self-assessment tool? d.Random audits of other health services have found rates of double billing to be about 5%. What is the rate of over-claiming and double billing that has either been identified or is expected to occur in this program? e.What analysis of patient outcomes has been carried out so far? Have there been any assessments of patient satisfaction with regard to access to their treating practitioners? f.Have there been any complaints from patients regarding having been denied access to their treating practitioner? | Written                                |
| SQ18-001154 | 4 - Individual Health Benefits                  | Griff, Stirling | After Hours home doctor services           | In reference to after-hours home doctor services reforms: a.Has the department noted any increase in patients who need a service not being able to access one? b.Has there been any corresponding increase in Category 4 and 5 attendances at Emergency departments?  | Written                                |

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| PDR No      | Outcome                                | Senator         | Broad Topic                                 | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|-----------------|---|--|--|
| SQ18-001155 | 2 - Health Access and Support Services | Griff, Stirling | Mental Health Treatment Plans               | In reference to the new item numbers for non VR GPs who provide Mental Health Treatment Plans (MHTP) and focussed psychological strategies (FPS) that were brought in on 1 July 2018: a.What, specifically, are the differences in the training that is required to be undertaken by VR and non-VR GPs to be registered to provide FPS services? b.Is it correct that previously, rebate parity between VR and non-VR GPs was provided in order to ensure greater community access to mental health services? Does the department anticipate that this change will decrease accessibility to mental health services? If not, why not? c.Does this change mean that a non-VR GP who prepares a MHTP and then provides 10 sessions of FPS will be paid \$40 less per session than a psychologist with no medical background? What is the policy justification for this discrimination against non-VR GPs in relation to allied health providers?   | Written                                |
| SQ18-001156 | 4 - Individual Health Benefits         | Griff, Stirling | MBS   | 18)In reference to low value procedures: a.An analysis by the Menzies Centre for Health Policy has reportedly found that one not-for-profit health insurer paid up to \$26 million in benefits in 2016/17 for services categorised as “low value” procedures by medical colleges under the “Choosing Wisely” initiative. What steps are being taken to remove “low value” procedures from the MBS?   | Written                                |
| SQ18-001157 | 4 - Individual Health Benefits         | Griff, Stirling | MBS   | In reference to low value procedures: The MBS taskforce has been running for over 2 years now. The MBS schedule has 3 items for vitreous injection, all of which are listed as in hospital procedures, so health funds are obliged to cover them (Items 42738, 42739, 42740). Did the Ophthalmology working group of the MBS taskforce make recommendations for reform or removal of these items from the MBS?   | Written                                |
| SQ18-001158 | 4 - Individual Health Benefits         | Griff, Stirling | MBS   | In reference to MBS items 55848, 55849 and 55850, 55851: a.Why not eliminate 55849 and 55851 and make payment of a Medicare rebate conditional on equipment being less than 10 years old? Is this something that the MBS taskforce has been addressing? b.Is any auditing occurring to establish that practitioners who claim to be using equipment that is less than 10 years old are indeed using such equipment? How many breaches have been uncovered?   | Written                                |
| SQ18-001159 | 5 - Regulation, Safety and Protection  | Waters, Larissa | Chemicals used in hydraulic Fracking Fluids | a) Please provide a comprehensive update on your work assessing the chemicals, and the combinations of chemicals, used in hydraulic fracking fluids. b) What is the funding to undertake such studies, and how has it changed over each of the last 10 years.  | Written                                |
| SQ18-001160 | 4 - Individual Health Benefits         | Griff, Stirling | Chronic Pain MedsCheck trial                | In reference to the announcement by the Minister on 25 January 2018 regarding the Chronic Pain MedsCheck trial: a.What is the policy objective in funding this \$20 million trial? b.What specific training in managing drug addiction do pharmacists have? c.What training in mental health services and drug rehabilitation are pharmacists who participate in this trial required to have? d.Is it correct that pharmacies will receive \$100 for an initial consultation and another \$33 for a 15-minute follow-up three months later to assess whether the intervention has made a difference? How did the Department arrive at the payment amounts for this trial? What independent assessment of intervention outcomes will be made? e.How many pharmacies have signed up to participate in this trial? f.How much has been paid out to date to participating pharmacies? g.Where should pharmacy employees and others go to raise confidential concerns about rorting of the MedsCheck, Diabetes MedsCheck or Chronic Pain MedsCheck programs? Is a record of such concerns being kept by the government? | Written                                |

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| PDR No      | Outcome                                | Senator            | Broad Topic                             | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|--------------------|---|--|--|
| SQ18-001161 | 4 - Individual Health Benefits         | Griff, Stirling    | Diagnostic Imaging Accreditation Scheme | In reference to the Diagnostic Imaging Accreditation Scheme (DIAS): a.How can a patient confirm if the practice of a private specialist (who is not a radiologist) is currently accredited and meets the DIAS standards? b.Has the department ever audited private specialists who claim Medicare diagnostic and surgical radiology items (such as 55850 for musculoskeletal ultrasound) to see if they are compliant with DIAS? What proportion of private specialists who were audited were not accredited? c.What proportion of all services provided under items 55848 and 55850 are provided by radiologists as opposed to orthopaedic surgeons? d.How many orthopaedic surgeons currently practising are accredited and meet the DIAS standards? | Written                                |
| SQ18-001162 | 2 - Health Access and Support Services | Di Natale, Richard | Alcohol and Drug Treatment              | What proportion of demand for alcohol and drug treatment in Australia does the government believe is being met?  | Written                                |
| SQ18-001163 | 4 - Individual Health Benefits         | Griff, Stirling    | Drug Scheduling                         | In reference to drug scheduling decisions: a.In September 2018, following about 53,000 adverse event notifications in the USA relating to fluralaner and other chemicals in the isoxazoline class, the US FDA issued an alert warning pet owners and veterinarians of "the potential for neurologic adverse events in dogs and cats..." Do alerts such as this give cause to reconsider scheduling decisions? Is any action being undertaken or considered to review the status of fluralaner and other isoxazolines as schedule 5 drugs? If so, what action?  | Written                                |
| SQ18-001164 | 5 - Regulation, Safety and Protection  | Griff, Stirling    | Drug scheduling                         | In reference to drug scheduling decisions: a)If it is possible to require a veterinary chemical to be scheduled as a prescription-only drug purely on animal (as opposed to human) health grounds, what is needed to trigger scheduling as a prescription-only drug on animal health grounds?  | Written                                |
| SQ18-001165 | 5 - Regulation, Safety and Protection  | Griff, Stirling    | Drug Scheduling                         | In reference to drug scheduling decisions: Who made the single submission that opposed the interim decision in November 2017 that fluralaner should be scheduled as a prescription-only drug? Did this party have a commercial interest in fluralaner? What published evidence formed the basis of the final decision to schedule fluralaner as a schedule 5 drug?   | Written                                |
| SQ18-001166 | 2 - Health Access and Support Services | Di Natale, Richard | Tobacco Education Campaigns             | What will the Health Department spend on mass media tobacco education campaigns over the forward estimates, outside of the Tackling Indigenous Smoking initiative?   | Written                                |
| SQ18-001167 | 2 - Health Access and Support Services | Di Natale, Richard | Drug Testing at Music Festivals         | a) How many deaths of young people attending music festivals attributed to untested drugs have occurred in Australia over the last 10 years? b) Are there any other commodities in Australia where government believes consumers are safer not knowing whether or not toxic contaminants are present?  | Written                                |
| SQ18-001168 | 2 - Health Access and Support Services | Di Natale, Richard | Pill Testing at Music Festivals         | Is government aware that pills at Groovin' the Moo in ACT found on testing to have potentially dangerous contents were discarded, saving these young people from potentially serious illness or even death?  | Written                                |
| SQ18-001169 | 4 - Individual Health Benefits         | Di Natale, Richard | Needle and Syringe Programs             | a) Does the Federal Government accept that needle and syringe programs have made a tremendous impact on reducing blood borne virus infections and other drug related harms? b) Does the Federal Government also accept that health professionals engaging with people using drugs at needle and syringe programs and other harm reduction programs has a positive impact and increases the likelihood of referral to other services including treatment and support?   | Written                                |

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| PDR No      | Outcome                                | Senator            | Broad Topic   | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|--------------------|---|--|--|
| SQ18-001170 | 2 - Health Access and Support Services | Di Natale, Richard | Pill Testing at Music Festivals   | a) Does the Federal Government accept that despite extraordinarily high levels of policing and security at festivals, the evidence clearly shows unsafe drug use continues to occur, if so what plans does the Federal Government have to protect the health and safety of festival patrons? b) Accordingly, on what basis does the Federal Government reject pill testing as an important harm reduction program that engages with people using drugs and reduces the likelihood of adverse outcomes, including deaths? | Written                                |
| SQ18-001171 | 2 - Health Access and Support Services | Di Natale, Richard | Naltrexone Implants   | Is the government aware that for almost two decades unapproved extended release naltrexone implants have been inserted into patients in Australia? What proportions were for opioid dependence? What proportions were for conditions other than opioid dependence? In what other patient group would it be tolerated for an unapproved product to be inserted?   | Written                                |
| SQ18-001172 | 2 - Health Access and Support Services | Di Natale, Richard | Health Care Home Trial  | Can the Department provide an update on the Health Care Home trial: a) Number of practices participating b) Number of patients participating c) Number of practices withdrawn d) Number of patients withdrawn e) % of patients in each Tier  | Written                                |
| SQ18-001173 | 2 - Health Access and Support Services | Di Natale, Richard | Health Care Homes   | Is the Department is considering a continuation of current Health Care Homes beyond the trial's scheduled conclusion?  | Written                                |
| SQ18-001174 | 2 - Health Access and Support Services | Di Natale, Richard | Health Care Homes Trial   | Will the Department commit to a comprehensive review and evaluation of Stage 1 of the trial regardless of whether the current Health Care Home participants continue as Health Care Homes?   | Written                                |
| SQ18-001175 | 4 - Individual Health Benefits         | Di Natale, Richard | Medicare Benefits Schedule  | a) How does the Department communicate changes to the MBS to doctors? b) What are the Department's obligations in regards to time frame required between notification of a change to the MBS and introduction of the change? c) What has the Department been doing to improve communication to affected doctors and patients?  | Written                                |
| SQ18-001176 | 4 - Individual Health Benefits         | Di Natale, Richard | Medicare Indexation   | What methods and formulas does the Department use to calculate Medicare indexation?  | Written                                |
| SQ18-001177 | 4 - Individual Health Benefits         | Di Natale, Richard | Medicare Indexation   | Why does the Department not index Medicare patient rebates against CPI or against medical inflation?   | Written                                |
| SQ18-001178 | 4 - Individual Health Benefits         | Di Natale, Richard | Chronic Pain Meds Check Trial   | The government has agreed to pay pharmacies nearly \$100 for a 45-minute consultation with patients experiencing chronic pain. Pharmacists are now able to access between \$390 and \$487 that is available per patient enrolled under the Chronic Pain Meds Check Trial. What pain management education and training have pharmacists received to support the delivery of these consultation services?  | Written                                |
| SQ18-001179 | 0 - Whole of Portfolio                 | Smith, Dean        | Individuals not engaged as employees under Section 22 of the Public Service Act | Over the past 24 months, how many individuals have been carrying out duties within your agency who were not engaged as employees under Section 22 of the Public Service Act ( e.g. policy, ICT, program delivery)? How many of these individuals have been providing services to the Department for greater than 12 months? What was the reason for not employing these individuals under Section 22 of the Public Service Act?  | Written                                |
| SQ18-001180 | 4 - Individual Health Benefits         | Di Natale, Richard | Chronic Pain Meds Check Trial   | The ANZCA Faculty of Pain Medicine recently called on the government to reconsider its support for a \$20m chronic pain Medscheck program being run by the Pharmacy Guild of Australia. What is the government doing to address their concerns that the trial has had no input from specialist pain medicines physicians and the limited training that pharmacist have to advise on complex pain conditions?   | Written                                |
| SQ18-001181 | 0 - Whole of Portfolio                 | Watt, Murray       | Administered appropriation  | Please provide an update on SQ18-000729 as of the date of the Department's response - i.e. for each year of the forward estimates (2018-19 to 2021-22), please provide a breakdown of the department's administered appropriation by: a) Outcome b) Program c) Priority  | Written                                |

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| PDR No      | Outcome   | Senator            | Broad Topic                                | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|--------------------|--|---|--|
| SQ18-001182 | 5 - Regulation, Safety and Protection           | Di Natale, Richard | Medicinal Cannabis Prescriptions           | a) What is the total number of medicinal cannabis prescriptions that have been approved through the Special Access Scheme? b) How many since the last estimates?  | Written                                |
| SQ18-001183 | 0 - Whole of Portfolio                          | Watt, Murray       | Administered appropriation                 | In SQ18-000729, the Department declined to provide a breakdown of committed/contracted funds by outcome, program and priority For each year of the forward estimates, please provide a breakdown of the department's administered appropriation by: a) Funds that are contracted as of the date of the department's reply b) Funds that are otherwise committed as of the date of the department's reply - e.g. to demand-driven programs c) Funds that are not committed as of that date (Without needing to break these figures down by outcome, program and/or priority) | Written                                |
| SQ18-001184 | 1 - Health System Policy, Design and Innovation | Watt, Murray       | Out-of-pocket Medicare spending            | The AIHW's recent report on out-of-pocket Medicare spending includes some data at a SA3 level, but is mostly reported at PHN level ( <a href="https://www.myhealthcommunities.gov.au/our-reports/get-datasheet/hc50">https://www.myhealthcommunities.gov.au/our-reports/get-datasheet/hc50</a> ) Please provide all PHN level data from this report at SA3 level, with appropriate caveats to interpret with caution where necessary  | Written                                |
| SQ18-001185 | 5 - Regulation, Safety and Protection           | Di Natale, Richard | Medicinal Cannabis                         | a) What is the average length of a SAS category B approval? b) What is the longest ever time waited? Why? c) What is the shortest ever time waited? Why? d) Have any been rejected?   | Written                                |
| SQ18-001186 | 5 - Regulation, Safety and Protection           | Di Natale, Richard | Medicinal Cannabis Prescriptions           | a) What is the total number of Authorised Prescribers? b) What states are they in? c) What specialties are they? d) How many since the last estimates   | Written                                |
| SQ18-001187 | 1 - Health System Policy, Design and Innovation | Watt, Murray       | MyHealth Record                            | As of Health Estimates on 24 October, 1.147 million Australians had opted out of the My Health Record How many have opted out as of the date of the Department's/Agency's response?   | Written                                |
| SQ18-001188 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard | My Health Record                           | What work is being done to build an evidence base that supports the use and continued growth of the My Health Record with the focus being on efficiency and improving healthcare outcomes?  | Written                                |
| SQ18-001189 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard | My Health Record                           | What clinical engagement and incentives are being put in place to ensure there is broad adoption of the My Health Record across the healthcare sector to increase meaningful use of shared health summaries to drive real benefits for the wider community through the sharing of information?  | Written                                |
| SQ18-001190 | 2 - Health Access and Support Services          | O'Neill, Deborah   | Telehealth services update                 | In the 2017-18 Budget the Government expanded the Better Access initiative to include telehealth services. A requirement of this initiative is that one of the first four Better Access sessions is delivered face-to-face and up to four out of ten sessions can be delivered via videoconference. Can the Department confirm how the uptake is tracking post this change and has this policy change lead to increased uptake of Better Access in rural and remote areas? How many more telehealth consultations have there been per PHN since this policy change?         | Written                                |
| SQ18-001191 | 1 - Health System Policy, Design and Innovation | Di Natale, Richard | My Health Record                           | What is being done to ensure the sustainability of the My Health Record in general practice?  | Written                                |
| SQ18-001192 | 2 - Health Access and Support Services          | O'Neill, Deborah   | Drought funding for mental health services | Can the Department confirm if any funding for the recently announced drought mental health services has come from the Health Budget? If yes, can the Department provide the total amount of funding including the amount of funding per year across the forward estimates? Can the Department also confirm if this funding is a reinstatement of the drought relief mental health support funding that was cut in 2016?   | Written                                |

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| PDR No      | Outcome                                | Senator          | Broad Topic                                 | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|------------------|---|--|--|
| SQ18-001193 | 2 - Health Access and Support Services | O'Neill, Deborah | Psychosocial funding                        | The Government committed \$80 million in the 2017-18 Budget to support people living with mental ill health who are not eligible for the NDIS. Can the Department confirm that this funding has gone to the PHNs together with the matched state funding and which programs this funding has been allocated to? How much has been spent so far per year? Can the Department provide a breakdown of where this funding will be allocated over the forward estimates and through which PHNs? | Written                                |
| SQ18-001195 | 2 - Health Access and Support Services | O'Neill, Deborah | The Way Back Funding                        | Some of the funding for The Way Back initiative is contingent on state and territory funding. Which states and territories have agreed to fund this program to date? Can the Department provide a timeline for this funding to be finalised? If the states and territories do not agree will this program still go ahead? When does the Department expect the program to begin?  | Written                                |
| SQ18-001196 | 2 - Health Access and Support Services | O'Neill, Deborah | National University Mental Health Framework | Can the Department confirm when the National University Mental Health Framework is expected to be finalised and released?  | Written                                |
| SQ18-001197 | 2 - Health Access and Support Services | O'Neill, Deborah | Primary Health Network                      | Can the Department confirm how many PHNs have used the NMHSPF since it was revised for use by PHNs?  | Written                                |
| SQ18-001198 | 2 - Health Access and Support Services | O'Neill, Deborah | Primary Health Network                      | Can the Department confirm which PHNs have not commissioned all their mental health funding as at the end of last financial year? If PHNs have not allocated or spent all of their mental health funding can the Department identify the PHN and how much funding was rolled over?   | Written                                |
| SQ18-001199 | 2 - Health Access and Support Services | O'Neill, Deborah | Primary Health Network                      | Can the Department provide a breakdown of how many PHNs have employed people with lived experience including those who work in peer worker roles?  | Written                                |
| SQ18-001200 | 2 - Health Access and Support Services | O'Neill, Deborah | Primary Health Network                      | In April 2017 South Eastern Melbourne, Eastern Melbourne, Murray & Western Victoria PHNs received top up funding to aid transition to a new stepped care system. Can the Department confirm if any contracts to retain mental health nursing services were extended after October 2018? What measures are being taken to ensure smooth service delivery for consumers affected by the transition? Can the Department confirm if the top up funding is being used as intended?              | Written                                |
| SQ18-001201 | 2 - Health Access and Support Services | O'Neill, Deborah | Orygen Funding                              | On 5 September 2018, the Government announced extending Orygen's funding to 2023. Can the Department confirm if this is new money and what will the funding to be used for?  | Written                                |

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| PDR No      | Outcome                                | Senator          | Broad Topic                         | Question  | Type of Question:<br>Hansard / Written |
|-------------|--|------------------|-------------------------------------|---|--|
| SQ18-001202 | 2 - Health Access and Support Services | O'Neill, Deborah | Eating Disorders                    | <p>On 18 September 2017, the Government announced \$1.25 million over two years (2017-18, 2018-19) to roll out the Workforce Capability Project nationally through the National Eating Disorders Collaboration to work towards a nationally consistent approach. Does the Department have any indication of the eating disorders workforce distribution and quality in rural, regional and remote Australia? How large is the gap between these regions and metropolitan areas? Under the Workforce Capability Project resources were expected to have been disseminated from 30 June 2018. Did this occur? What steps are being undertaken to ensure that the workforce resource that is created is distributed in each state and territory and in regional, rural and remote Australia?</p> <p>As per SQ18-000744, through this Workforce Capability Project there is a component aimed at building workforce capability in regional and rural areas. Can you please provide some background on this? When was the decision made to expand the project to include this component? Is this extension of the Project being funded through the \$1.25 million? If yes, how much funding has been allocated to this specific part of the Project? Is this enough funding given how large the workforce gap is? If no, is this new money? If this is new money, why was no announcement made on this? Will online learning resources be developed? If so, when will they be made available and how will rural, remote and regional locations know about their existence?</p> | Written                                |
| SQ18-001203 | 2 - Health Access and Support Services | O'Neill, Deborah | Eating Disorders                    | <p>On 14 June 2018, Minister Hunt announced a \$3.2 million three-year trial on the Sunshine Coast for those people living with an eating disorder that includes increasing the number of psychotherapy sessions covered by Medicare. Please provide details in relation to how this decision was made. Did the Department recommend this trial? If not, why not? If yes, who made the decision? Why was the decision made to establish the trial? When was the decision made to establish a Sunshine Coast trial? Why was this not included in the 2018-19 Budget just a few weeks earlier? How many location options were given to the Minister when this decision was made? Why was Sunshine Coast chosen as the location? How is the trial expected to interact with the MBS review for eating disorders that is currently occurring? The trial is expected to be complete around 30 May 2021 and we know the results are expected to be used by the MBS Taskforce; how can Minister Hunt keep his commitment to providing more Medicare support for all Australians living with an eating disorder by the end of this year?</p>  | Written                                |
| SQ18-001204 | 2 - Health Access and Support Services | O'Neill, Deborah | Headspace - October announcement    | <p>Please provide a list of how much extra funding each Headspace will received from the Minister's recent announcement of additional Headspace funding by Headspace site?</p>  | Written                                |
| SQ18-001205 | 2 - Health Access and Support Services | O'Neill, Deborah | Headspace - EPYS                    | <p>Funding for the six Early Psychosis Youth Services has been provided via PHNs until 30 June 2019. Will funding be extended? If not, why not? Has headspace National or Orygen been consulted about this?</p>   | Written                                |
| SQ18-001206 | 2 - Health Access and Support Services | O'Neill, Deborah | Headspace - cancellation of funding | <p>How much notice is a PHN required to provide a Headspace site if funding it not going to be continued?</p>   | Written                                |
| SQ18-001207 | 2 - Health Access and Support Services | O'Neill, Deborah | Headspace - Waiting lists           | <p>Can the Department provide information on waiting list times across the headspace network? Can the Department provide the "available data" they refer to in SQ18-000765 regarding headspace waiting lists? If there is an update please provide this.</p>  | Written                                |

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| PDR No      | Outcome                                | Senator            | Broad Topic                                 | Question  | Type of Question:<br>Hansard / Written |
|-------------|--|--------------------|---|---|--|
| SQ18-001208 | 2 - Health Access and Support Services | O'Neill, Deborah   | Headspace - services                        | In SQ18-000764, the Department indicated: "PHNs must notify the Department of Health and headspace National if they have concerns about whether a headspace service is meeting the needs of young people in their region." Has the Department received concerns about headspace services? If so, can the Department provide a list of these sites and associated concerns provided from PHNs? Has headspace National also received advice about these concerns?   | Written                                |
| SQ18-001209 | 2 - Health Access and Support Services | O'Neill, Deborah   | Headspace - Lead agencies                   | Is the Department aware that some PHNs are changing headspace lead agencies? Can the Department provide a list of PHNs which are changing headspace lead agencies? Are PHNs changing lead agencies in consultation with the Department and/or Minister? If not, why not? Is the Minister aware? Are PHNs changing lead agencies in consultation with headspace National? If not, why not?   | Written                                |
| SQ18-001210 | 2 - Health Access and Support Services | O'Neill, Deborah   | Headspace - indexation                      | Please provide a list of all the PHNs and/or headspace centres that have been in contact with the department and/or Minister requesting additional funding for their headspace centre?  | Written                                |
| SQ18-001211 | 2 - Health Access and Support Services | O'Neill, Deborah   | Youth funding                               | 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 over the forward estimates? Can the Department provide a detailed breakdown of the funding of all the services being offered by the 31 PHNs regarding this and total funding for each service (not just limited to headspace and Early Psychosis Youth Services)? How long is each service contracted for?  | Written                                |
| SQ18-001212 | 2 - Health Access and Support Services | O'Neill, Deborah   | National Education Initiative               | Please provide the number of students identified as needing early intervention under the Kids Matter and Mind Matters programs that will now be transitioned into the National Education Initiative. Please provide a breakdown of the schools that will receive the National Education Initiative by electorate and by State/Territory. Please provide funding over the forward estimates for the National Education Initiative. Please provide details of the qualifications of the 70 consultants to be employed under the National Education Initiative. Please provide a cost of the 70 consultants for the National Education Initiative broken down by years over the forward estimates. | Written                                |
| SQ18-001213 | 2 - Health Access and Support Services | O'Neill, Deborah   | NMHC Commissioner                           | Are any of the NMHC Commissioners a young person with a lived experience of mental illness? If not, why not? Does the NMHC need a youth commissioner – that is, a young Australian with lived experience of mental illness like Mr Samuel Hockey, and before him Ms Nicole Gibson?  | Written                                |
| SQ18-001214 | 2 - Health Access and Support Services | Di Natale, Richard | National Suicide Prevention Programs        | Why were none of the projects funded for the National Suicide Prevention provided to organisations which deliver services for CALD communities? Or run by organisations with a CALD focus?  | Written                                |
| SQ18-001215 | 3 - Sport and Recreation               | McAllister, Jenny  | Australian Institute of Sport Property Sale | a) What is the status of the AIS property sale process? b) What date is this expected to be finalised? c) What assets are the ACT Government considering purchasing?  | Written                                |
| SQ18-001216 | 2 - Health Access and Support Services | O'Neill, Deborah   | Funding - Youth Total                       | Please provide a total of all mental health funding spent on children and young people from the year 2013-2018 for each year. Please provide a breakdown of all mental health funding for children and young people from 2013 onwards including across the forward estimates and beyond by all programs? Please provide a full list of all the programs and services funded in the 2018-19 year across the mental health portfolio for children and young people?   | Written                                |



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Department of Health**

| PDR No      | Outcome                                | Senator          | Broad Topic                           | Question   | Type of Question:<br>Hansard / Written |
|-------------|--|------------------|---------------------------------------|--|--|
| SQ18-001217 | 2 - Health Access and Support Services | O'Neill, Deborah | Mental Health funding                 | Can the Department provide a breakdown across the forward estimates a full list of mental health programs and services from the health portfolio being funded in the 2018-19 year? Can the department provide a full list of contracts for mental health funding under the Department of Health that will be expiring June 2019?   | Written                                |
| SQ18-001218 | 2 - Health Access and Support Services | O'Neill, Deborah | PHN Advisory Panel                    | In March 2017 Health Minister appointed a PHN Advisory Panel. There is only 1 communique of the 4 planned meetings on the Department of Health website. Can the Department confirm where the remainder of the communiques are located if the meetings were held? How many times did the panel meet? Where and when did the panel meet? Can the Department provide a list of dates, times and attendees? What were the outcomes of the panel? Has the panel ended or does it still exist? Can the department provide a list of members of the panel? When will the panel provide recommendations or a report to Government and what are the recommendations? Can the Department provide a copy of the report? Can the Department provide a copy of the Framework for PHN mental health commissioning that was to be developed? One of the outcomes was to compile reports for individual PHNs based on the Framework. Where are these? Can the Department provide copies of these reports? Can the Department confirm how much the panel cost? Can the Department confirm where the funding was allocated from? If there are no recommendations what was the panel's role and outcomes? If the panel has finalised its work, when did it complete its work? If it has not finalised its work, what is it doing now and what is its role given most PHNs have completed their contracting/tendering process? | Written                                |
| SQ18-001219 | 2 - Health Access and Support Services | O'Neill, Deborah | Consumer need - Continuity of Support | Can the Department confirm if the current funding allocation for continuity of support post July 2019 is enough to meet the anticipated consumer need? What work has the Department undertaken to assess if this funding allocation will be enough to meet anticipated consumer need?  | Written                                |
| SQ18-001220 | 2 - Health Access and Support Services | O'Neill, Deborah | ATSI Funding / Mental health          | Can the Department confirm the amount of funding the mental health portfolio over the forward estimates that is being allocated towards Aboriginal and Torres Strait Islander mental health? Can the Department provide a breakdown of every ATSI mental health program and how many people each program is assisting?   | Written                                |
| SQ18-001221 | 2 - Health Access and Support Services | O'Neill, Deborah | PHN Commissioning                     | Can the Department outline the work being undertaken or planning to take in improving transparency in the PHN commissioning process?   | Written                                |
| SQ18-001222 | 2 - Health Access and Support Services | O'Neill, Deborah | Better Access                         | Can the Department provide the relevant MBS items that are associated with the Better Access initiative specifically relating to mental health plans? How many mental health plans have been initiated by GPs under the Better Access Program since 2016? Can the Department provide a breakdown of these figures per year for 2016, 2017 and for 2018? Can the Department also provide these figures by state and territory for each year and by electorate?  | Written                                |
| SQ18-001223 | 2 - Health Access and Support Services | O'Neill, Deborah | Suicide Prevention Trial Sites        | Can the Department confirm how much of the \$13 million funding for the extension of the trial sites has been spent to date? Can the Department provide breakdown of where the funding has been allocated for each of the 12 suicide prevention trial sites including on service provision and administrative costs?   | Written                                |

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| PDR No      | Outcome                               | Senator       | Broad Topic  | Question  | Type of Question:<br>Hansard / Written |
|-------------|---------------------------------------|---------------|--|---|--|
| SQ18-001224 | 5 - Regulation, Safety and Protection | Moore, Claire | Tick-borne disease                                 | As set out in Recommendation 5 of the Senate Inquiry report into the Growing Evidence of an emerging tick-borne disease that causes a Lyme-like illness for many Australian patients, I understand the Department has now conducted two forums, one with state and territory medical officials and one with patients. Reports have been produced for each forum, and I am advised that there are no consequent actions set out. a. Will the Minister / Department report on what action is underway to address each of the Key Priorities set out in the patient forum report? b. Will the Minister / Department report on i. what it is doing to progress the multidisciplinary approach presented at the forums; ii. how they intend to collaborate with medical colleges and patients; and iii. when? c. Will the Minister / Department please report on when they will convene a co-design based 'Think tank' including other disease groups? d. Will the Minister/ Department please report on it's action to progress treatment pathways for patients who are sick now? e. Will the Minister/ Department please report on what education and awareness activity they will pursue, in respect to prevention, community awareness, emergency room and GP knowledge? | Written                                |
| SQ18-001225 | 5 - Regulation, Safety and Protection | Moore, Claire | Tick-borne disease                                 | Will the Minister / Department report a date the full data set for the National Serology Reference Laboratory review of Testing Assays for Lyme disease will be made publicly available?  | Written                                |
| SQ18-001226 | 5 - Regulation, Safety and Protection | Moore, Claire | Tick-borne disease                                 | In line with Recommendation 6 of the Senate Inquiry report, what has the Minister / Department actioned in respect to developing a consistent national approach to address tick-borne illness with the Council of Australian Governments Health Council?  | Written                                |
| SQ18-001227 | 5 - Regulation, Safety and Protection | Moore, Claire | Tick-borne disease                                 | In line with Recommendation 11 of the Senate Inquiry report will the Minister / Department detail its action in progressing education for general practitioners with the Australian Medical Association and Royal Australian College of General Practitioners?  | Written                                |
| SQ18-001228 | 5 - Regulation, Safety and Protection | Moore, Claire | Tick-borne disease                                 | Will the Minister advise the number of patients presenting to state Health facilities with tick-bite symptoms over the last 10 years (reported separately by state and by year).  | Written                                |
| SQ18-001229 | 3 - Sport and Recreation              | Farrell, Don  | \$50 million high performance funding announcement | When was the Australian Sports Commission (Sport Australia) first formally notified that the Australian Government would provide a \$50 million boost in high performance sport investment over the next two years, as announced by Minister McKenzie on 24 October 2018?   | Written                                |
| SQ18-001230 | 3 - Sport and Recreation              | Farrell, Don  | \$50 million high performance funding announcement | During Supplementary Budget Estimates, the Minister said the funding was a decision taken but not yet announced as of Budget 2018-19 but that she had been in discussions with National Sporting Organisations since Budget about the need for funding. Has the ASC (Sport Australia) been aware since around Budget time that this funding would eventually be announced and, if so, why was it still the case on October 24 that details of how any additional investment in sports would be allocated were still to be decided?  | Written                                |
| SQ18-001231 | 3 - Sport and Recreation              | Farrell, Don  | Response to integrity review report                | Where is the taskforce established to develop the response to Report of the Review of Australia's Sports Integrity Arrangements up to in its work plan, what are its next steps and when is it anticipated the Government will be in a position to release its response to the review?  | Written                                |
| SQ18-001232 | 3 - Sport and Recreation              | Farrell, Don  | Response to integrity review report                | Can you please detail all formal consultation activities that have occurred with stakeholders since the Review was first provided to the Minister, including the dates of those consultation activities?  | Written                                |

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| PDR No      | Outcome                  | Senator      | Broad Topic  | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|--------------|--|--|--|
| SQ18-001233 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) restructure / rebranding             | How much in total has the rebranding of the Australian Sports Commission as Sport Australia cost, including not only the cost of the work commissioned but also measures such as changing signage, stationery, online presence etc? What is the total projected cost of all rebranding activities by the time the process is 100% complete?  | Written                                |
| SQ18-001234 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) restructure / rebranding             | Has the structural reorganisation of the ASC (Sport Australia) referred to several times in the past few Estiamtes sessions been completed? If so, when was it completed? If not, when will it be completed and will there be any further reduction in overall staff numbers of shifting of staff from one division to another before the process is complete?   | Written                                |
| SQ18-001235 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) restructure / rebranding / marketing | Is the post-transition staffing figure around 445 – as suggested at Budget Estimates? If not, what is now anticipated to be the final post-transition staffing figure? Could you please break that total figure down into the divisions of: AIS, Sport Business, Marketing, Customer Insights and Analytics and Corporate?   | Written                                |
| SQ18-001236 | 3 - Sport and Recreation | Farrell, Don | MOVE IT AUS campaign                                       | a) How was the contract for the MOVE IT AUS campaign awarded? b) How long is it intended that campaign will run for and for how long is it currently budgeted to run? c) Can you please outline all marketing, communications, advertising and engagement activities that are being undertaken or are planned as part of that campaign? d) Could you break down for how much will be spent with the ABC and SBS, how much with commercial free-to-air TV and radio networks and how much with Fox Sports and other subscription only platforms? e) What is the projected cost of the full campaign? f) What evidence is there campaigns like this one achieve the desired effect? g) What evidence is there that campaigns like these provide better value for money than, for example, boosting funding to NSOs to deliver grassroots participation programs? h) What measures have been taken to ensure the MOVE IT AUS campaign will not waste taxpayers' money paying social media influencers for questionable if any benefit, as was revealed earlier this year to have occurred with the 'Girls Make Your Move' campaign? | Written                                |
| SQ18-001237 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) NSO Investment                       | Please provide the dates and details of all updates - since the 2017-18 investment allocations - of any public information regarding ASC (Sport Australia) investment allocations to NSOs in terms of both participation and high performance funding, including information posted to the website about upcoming changes to how both participation and high performance funding are provided.   | Written                                |
| SQ18-001238 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) NSO Investment                       | Please detail all formal communications and / or consultations with NSOs regarding upcoming changes to how both participation and high performance funding will be provided, including the dates of any formal communications / consultations.   | Written                                |
| SQ18-001239 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) NSO Investment                       | Can you please define 'enhanced workforce capability' and 'business capability' in the context of plans for future funding allocations and outline how those 'focus areas' will directly support increased participation?  | Written                                |
| SQ18-001240 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) NSO Investment                       | Please provide an update of considerations on extending funding horizons beyond 30 June 2019, as has been flagged on the NSO Investment page of the Sport Australia website.   | Written                                |
| SQ18-001241 | 3 - Sport and Recreation | Farrell, Don | ASC (Sport Australia) NSO Investment                       | The website says Sport Australia will look to prioritise providing longer-term funding commitments to sports most likely to contribute to the new AIS strategy and Australian high performance system targets. Which sports, and if which NSOs is yet to be determined, please outline the criteria that will be used to decide which sports might be prioritised for longer-term funding?   | Written                                |

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| PDR No      | Outcome                  | Senator      | Broad Topic                           | Question  | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|--------------|---------------------------------------|---|--|
| SQ18-001242 | 3 - Sport and Recreation | Farrell, Don | AIS                                   | Could you please provide an update on AIS staffing, in particular, any changes since responses to questions on notice from Budget Estimates were provided? Please provide an update on the development of and consideration by Government of a business case for the redevelopment of the Australian Institute of Sport at the current site in Canberra, as mentioned in Sport 2030.  | Written                                |
| SQ18-001243 | 3 - Sport and Recreation | Farrell, Don | Community Sport Infrastructure grants | a) How many applications were received for grants under the \$29.7 million Community Sport Infrastructure grants program? Please provide a breakdown by State/Territory or by Federal electorate if this data is available. b) Were there any patterns or themes recognisable in the applications submitted with regard to the need for new or or upgraded facilities and the motivating factors being that need? c) How many applications have been approved or are anticipated to be approved for funding? If possible, please provide details of approved applications. d) Please provide a \$ figure for the total value of applications received. e) Are there any further rounds of this grants program planned or any similar investments planned in community sport infrastructure? | Written                                |
| SQ18-001244 | 3 - Sport and Recreation | Farrell, Don | Budget Measures                       | In response to Budget Estimates QoN 819, regarding the measure on Page 124 of Budget Paper 2, which reads "\$28.9 million over four years from 2018-19 to assist National Sporting Organisations (NSOs) to increase participation in sport" I was informed that a final decision on how that funding would be allocated was yet to be reached. Is that still the case? If not, how will that funding be allocated? If so, please outline what sort of criteria, framework or guidelines Sport Australia is developing around the allocation of that funding.  | Written                                |
| SQ18-001245 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | a) How much funding is budgeted for but yet to be expended on the Sporting Schools program? b) Will the expenditure of that remaining funding take the total invested in the program over its lifetime to \$200 million?  | Written                                |
| SQ18-001246 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | Since 2016/17, has there been any formal evaluation of the program's objective to convert "children's participation in Sporting Schools into participation in organised sport outside of school hours"? If so, what has been done and what were the findings? If not, why not?  | Written                                |
| SQ18-001247 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | a) How many unique, individual schools have received funding to run sessions under the program as of the date of providing the response to this question? b) How many unique, individual secondary schools have received funding to run sessions under the program since it was expanded to secondary schools, as of the date of providing the response to this question?   | Written                                |
| SQ18-001248 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | The Sporting Schools website says the program has had more than 4,311,000 participants but the response to Budget Estimates QoN 843 confirmed that "The Australian Sports Commission does not collect data that allows for the identification and tracking of individual students across school terms". Isn't it therefore more accurate to say that there have been more than 4,311,000 participations and that the program does not collect data that would enable accurate measurement of how many unique, individual children have participated in the program?   | Written                                |
| SQ18-001249 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | The response to Budget Estimates QoN number 847 confirmed that a primary softball program involved three 45-minute sessions over four weeks. Is it accurate to say that equates to 135 minutes of sporting activity in a month or, averaged over the 20 school days in a month, less than seven minutes a day?  | Written                                |
| SQ18-001250 | 3 - Sport and Recreation | Farrell, Don | Sporting Schools                      | Can any figures be provided that accurately report the outcomes of Sporting Schools in terms of hours or minutes of additional sport or physical activity per child, rather than how many participation 'events' have occurred and the usual time devoted to particular sessions?   | Written                                |

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Department of Health**

| PDR No      | Outcome                        | Senator       | Broad Topic                         | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------------|---------------|-------------------------------------|--|--|
| SQ18-001251 | 3 - Sport and Recreation       | Farrell, Don  | ASADA                               | a) Mr Sharpe's opening statement referenced ASADA's inaugural 'Annual Assessment of Doping in Australian Sport' and to the establishment of an Athlete's Advisory Group. Has information gathered through the Assessment motivated, in part or in full, the establishment of the Advisory Group? If so, please outline on what information the need for the Advisory Group was identified. b) What risk assessment has ASADA undertaken into the decision to include athletes who have been caught doping in the Advisory Group?   | Written                                |
| SQ18-001252 | 3 - Sport and Recreation       | Farrell, Don  | Australian Drug Testing Capability  | The response to Budget Estimates QoN 869 refers to a \$3.3 million allocation to the Department of Industry, Innovation and Science to be used by the National Measurement Institute to improve national sports drug testing capability. Could you please outline how this funding will improve Australia's current drug testing capability?   | Written                                |
| SQ18-001253 | 3 - Sport and Recreation       | Farrell, Don  | Anti-doping Funding                 | a) Is it correct that Australia contributed \$350,627 to WADA's 2018 budget and if not can you please detail how much Australia contributed? b) Is it correct the Australia also indirectly contributed a further \$60,000 through an Oceania Regional Anti-Doping Organisation donation? c) What budget or budgets do Australia's contributions to the WADA budget come from - are these contributions made directly by the Australian Government to WADA or provided for via ASADA?  | Written                                |
| SQ18-001254 | 3 - Sport and Recreation       | Farrell, Don  | Anti-doping Summits                 | Was Australia represented at anti-doping summits in Paris and at the White House in October this year? If so, who represented Australia's anti-doping interests?   | Written                                |
| SQ18-001255 | 3 - Sport and Recreation       | Farrell, Don  | Russian Anti-Doping Agency          | What is Australia's position on the widespread dissatisfaction with WADA's decision in September this year to lift the suspension of the Russian Anti-Doping Agency?   | Written                                |
| SQ18-001256 | 3 - Sport and Recreation       | Farrell, Don  | Consultation re tax measure         | a) Budget 2018-19, on Page 45 of Budget Paper 2 contains a measure under the heading: Tax Integrity — taxation of income for an individual's fame or image. Did the then Treasurer, his office, or his department or agencies consult with Minister McKenzie, her office, her department or agencies in any way prior to Budget day, including the provision of or request for briefs in relation to the potential impact of this measure on athletes and sports people? b) Has any consultation as described above occurred since Budget day? If so, on what dates did those consultations or briefings occur? c) Have any organisations or individuals raised concerns with the Minister, her office, the Department or the ASC (Sport Australi) about the potential impacts of this measure on Australian sports people? If so, could you please outline the concerns they have raised. | Written                                |
| SQ18-001257 | 4 - Individual Health Benefits | Watt, Murray  | MBS out-of-pocket costs             | The Department has previously provided the average out-of-pocket cost for GP and specialist attendances in each Commonwealth electorate to March 2018 (SQ18-898) Please provide an update on these figures in each Commonwealth electorate for 2017-18 (i.e. to June 2018, noting that figures for this period are now available).   | Written                                |
| SQ18-001258 | 4 - Individual Health Benefits | Watt, Murray  | MBS- total bulk billing rates       | The Department has previously provided the bulk billing rate by Commonwealth electorate and type of service (GP, specialist and total MBS) to March 2018 (SQ18-900) Please provide an update on these figures in each Commonwealth electorate for 2017-18 (i.e. to June 2018, noting figures for this period are now available)  | Written                                |
| SQ18-001259 | 4 - Individual Health Benefits | Watt, Murray  | MBS - bulk billing rates by patient | The Department has previously provided the number of patients who had all GP services bulk billed in 2016-17 in each state/territory and Commonwealth electoral division (SQ18-905) Please provide updated figures for Australia, each state/territory, and each Commonwealth electorate for 2017-18 (noting that figures for this period are now available)   | Written                                |
| SQ18-001260 | 4 - Individual Health Benefits | Moore, Claire | Homebirths                          | What progress has been made toward a long term solution to the issue of indemnifying midwives who conduct home births? When do you expect any arrangements to be in place?   | Written                                |

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| PDR No      | Outcome                                | Senator          | Broad Topic                                       | Question  | Type of Question:<br>Hansard / Written |
|-------------|--|------------------|---|---|--|
| SQ18-001261 | 2 - Health Access and Support Services | Watt, Murray     | MBS Fee Structure                                 | How many people were affected by the non VR GP MBS fee structure arrangements that came into effect on 1 July 2018? How many of these people are now on pathways to become VR? Who or which organisations were consulted about these changes and when? Who qualifies for grandfathering arrangements and for how long do these arrangements apply?  | Written                                |
| SQ18-001262 | 4 - Individual Health Benefits         | Watt, Murray     | Radiation Oncology                                | For services provided in the 2015-16, 2016-17, 2017-18 financial years, for each item in the ranges, and the sub-total for each range: 15000-15012 15100-15115 15211-15275 15303-15357 15500-15565 15700-15715 15800-15850 a. For services provided out-of-hospital please provide: i. The number of services. ii. The total benefit paid. iii. The total fee charged. iv. The percentage of services bulk billed. b. For services provided in hospital i. The number of services. ii. The total benefit paid. iii. The total fee charged. c. The number of individual patients each year who received an item in the above ranges.   | Written                                |
| SQ18-001263 | 4 - Individual Health Benefits         | Watt, Murray     | Radiation Oncology                                | For the Radiation Oncology Health Program Grant for 2017-18: a. How many facilities receive funding under the pre-July 2017 arrangements and what amount of funding do they receive. b. How many facilities receive funding under the post-July 2017 arrangements and what amount of funding do they receive.   | Written                                |
| SQ18-001264 | 4 - Individual Health Benefits         | Watt, Murray     | Radiation Oncology                                | At how many locations are MBS funded radiation oncology services able to be provided.   | Written                                |
| SQ18-001265 | 4 - Individual Health Benefits         | O'Neill, Deborah | Medicare supported treatment for eating disorders | Can the Department provide an update on the work being undertaken in relation to the additional Medicare supported treatment around eating disorders? Can the Department of Health confirm a new Medicare item is being considered in relation to eating disorders? If not, why has Minister Hunt committed to this publically on a number of occasions? How much would this cost? Have any costings been undertaken? Can the Department confirm if the Minister for Health has committed to a new MBS item for eating disorders without understanding how much it will cost? On 26 June 2018, Minister Hunt was interviewed by the Courier Mail about a new MBS item for eating disorders: When put to him it would be an expensive undertaking, he said, "if it is, it is. We will deal with that". How will this be dealt with? Has the Department provided the Minister with advice on this? On 19 September 2018, at the RACGP's General Practice: Health of the Nation 2018 Report Launch, Minister Hunt stated that he is very close to having an MBS item created for eating disorders. Has the Taskforce submitted final recommendations? When can we expect a new item? Can the Department provide all associated timeframes including when the MBS Review Taskforce expected to submit its final recommendations? On 30 November 2017, Minister Hunt committed to providing more Medicare support for all Australians living with an eating disorder by the end of this year. Does the Department expect this to occur? If not, why not? | Written                                |
| SQ18-001266 | 4 - Individual Health Benefits         | Watt, Murray     | PBS listings                                      | The Department has previously provided a list of medicines/vaccines that have been recommended by the PBAC but not yet listed on the PBS/NIP (SQ17-1115 & SQ18-916). Please provide an updated list of medicines/vaccines that have been recommended by the PBAC but not listed on the PBS/NIP as of the date of the Department's response.   | Written                                |
| SQ18-001267 | 4 - Individual Health Benefits         | Watt, Murray     | PBS Listings                                      | For extensions to existing listings on the PBS recommended by the PBAC (including secretariat listings) please provide the time elapsed from PBAC recommendation to PBS listing. Please provide a list of these recommendations, their extended indication and subsequent listing date by financial year 2017-18, 2016-17, 2016-15. 2. In the Department's annual report (p.77) it cites that 329 new medicines were listed in 2017-18. Please provide a list of the 329 medicines.   | Written                                |

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| PDR No      | Outcome                        | Senator      | Broad Topic                    | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------------|--------------|--------------------------------|--|--|
| SQ18-001268 | 4 - Individual Health Benefits | Watt, Murray | PBS listings                   | In SQ18-919, the Department noted that it "does not report" the average length of time between PBAC recommendation and price agreement. However, the Department necessarily holds this information, because it knows when each medicine is recommended and listed. I therefore ask again: please provide the average length of time between PBAC recommendation and price agreement for 2015-16, 2016-17 and 2017-18   | Written                                |
| SQ18-001269 | 4 - Individual Health Benefits | Watt, Murray | PBS - price disclosure savings | 1. In the Department's annual report it notes a savings shortfall of some \$900M in price disclosure targets, and refers to this 24% shortfall as "substantially met". What was the cause of the significant shortfall and has the Department revised the 2018-19 and beyond targets as a result? What are these? What percentage of savings not achieved would be defined as "unmet"? Why is the Department removing this outcome reporting from future reports and moving to reporting on process? 2. Is the slow uptake of biosimilars on the PBS impacting savings targets for price disclosure? If so, by how much? 3. How many drugs have been excluded from price cuts under the new rules introduced for price disclosure which set a 30% discounting threshold for drugs that have completed a certain number of cycles? Please provide a list of these drugs. 4. How many medicines are now receiving price increases after having taken price disclosure cuts? Please provide a list of these.  | Written                                |
| SQ18-001270 | 4 - Individual Health Benefits | Watt, Murray | PBS - cost recovery            | 1. Is the Government introducing new cost recovery fees on 1 January 2019 for applications and listings on the PBS? 2. Does it include costs for generics and ongoing maintenance of listings? If so how much? 3. Are the new fees only cost recovery or is the government introducing new taxes in the forms of levies? 4. Is the government concerned this may impact the savings from price disclosure which are already trending downwards? 5. Please provide the modelling undertaken for the proposed increased charges and new fees.  | Written                                |
| SQ18-001272 | 4 - Individual Health Benefits | Watt, Murray | PFAS                           | What procurement process was used to engage Sonic Healthcare as the Government contractor for the PFAS voluntary blood testing program? • What was the cost of the contract awarded to Sonic Healthcare? • Was there a listing on AusTender? o If so, when? o What was the AusTender reference number? • How many tenders were submitted? • What criteria were used to select the preferred contractor? • What qualifications were the applicants required to have? • How did Sonic Healthcare's bid compare against other potential bidders? For example, what set its bid above others? • Did the contract specify any particular standard to test PFAS chemicals in blood? • What standard is Sonic Healthcare testing against? • How does this standard compare to other standards? • Is the standard applied by Sonic Healthcare the highest level standard that could be tested against? • What testing methodology is being used by Sonic Healthcare to test for PFAS in blood serum? • How does this methodology compare to others? • How does Sonic Healthcare's standard and methodology compare to those applied by the National Measurement Institute? • Did the Minister authorise or approve the selected contractor, Sonic Healthcare, for the voluntary PFAS blood test program? • If the Minister was not involved, who was the authorising person? • Which Department are they from? | Written                                |
| SQ18-001273 | 4 - Individual Health Benefits | Watt, Murray | Food Contamination             | What role does Food Standards Australia New Zealand have in relation to the strawberry and fruit contamination incidents? Is FSANZ still investigating the contamination? o Have there been any findings so far? o What are those findings? o Are any other food products being investigated? Are any further measures planned in terms of surveillance or preventative measures?  | Written                                |
| SQ18-001274 | 4 - Individual Health Benefits | Watt, Murray | Glyphosate                     | Does the Food Standards Code set maximum residue limits for various agricultural and veterinary chemicals, including glyphosate? How are the limits determined? How recently were those limits set? Are there any plans to review those limits?  | Written                                |

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| PDR No      | Outcome                  | Senator       | Broad Topic  | Question  | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|---------------|--|---|--|
| SQ18-001275 | 6 - Ageing and Aged Care | Polley, Helen | Aged Care 2016 Budget                              | On page 101 of Budget Paper No. 2 of the 2016-2017 Budget there is an efficiency against the Aged Care Funding Instrument of \$1.2 billion over four years through changes to the scoring matrix. In relation to this Budget decision can the Department confirm who made this decision? Can the Department confirm if the Minister for Aged Care at the time would have had any input into this decision to take out \$1.2 billion from the Budget? Can the Department confirm if any consultation occurred with the sector prior to this funding change being made to the ACFI? Can the Department confirm if it has received any correspondence or if any concerns have been raised regarding how these funding changes have impacted on the care delivered in residential aged care facilities? Can the Department explain what is meant by the term 'revision' when used in the Budget papers? | Written                                |
| SQ18-001276 | 6 - Ageing and Aged Care | Polley, Helen | A Matter of Care Report                            | Can the Department confirm if it has undertaken any discussions with the Minister or his staff in relation to any of the A Matter of Care recommendations? Can the Department confirm if it has provided any advice in relation to the Government implementing the A Matter of Care report? If yes, when? If no, why not? Has the Department costed the A Matter of Care strategy? If yes, can the Department provide how much the strategy will cost to deliver? If not, why not?  | Written                                |
| SQ18-001277 | 6 - Ageing and Aged Care | Polley, Helen | Wollongong Report                                  | Can the Department confirm how many recommendations the Government has adopted from the Wollongong Report? The Government announced an investigation of the comparative costs of providing residential aged care to older Australians with varying needs as part of this report. Where is the report at? Has the report been completed?   | Written                                |
| SQ18-001278 | 6 - Ageing and Aged Care | Polley, Helen | Aged Care Budget Measures                          | Can the Department provide an update on each of the 2018-19 Ageing and Aged Care Budget Measures on pages 117, 118 and 119 of Budget Paper No. 2 including the amount of funding allocated so far, what funding remains to be unspent and the progress of each measure in regards to the work carried out to date?  | Written                                |
| SQ18-001279 | 6 - Ageing and Aged Care | Polley, Helen | Royal Commission into Aged Care Quality and Safety | Can the Department provide the amount of funding that has been allocated from the health Budget for the Royal Commission into Aged Care? Does the Department know what the total cost of the Royal Commission will be? If yes, can the Department provide the total cost? If no, why not?   | Written                                |
| SQ18-001280 | 6 - Ageing and Aged Care | Polley, Helen | Dementia Grants                                    | The Department funded around 40 projects under the Dementia and Aged Care Services (DACS) Fund in 2017. These grants are for innovations and new approaches to care and do not guarantee continuing funding at the end of the grants. Will there be an evaluation process for the DACS Fund? Can the Department explain how the outcomes of the projects will be assessed and how decisions will be made on which innovations warrant continued support and funding? Was the total funding available expended and can the Department confirm if there are there plans for a further round of DACS funding?  | Written                                |



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| PDR No      | Outcome                  | Senator       | Broad Topic                        | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|---------------|------------------------------------|--|--|
| SQ18-001281 | 6 - Ageing and Aged Care | Polley, Helen | My Aged Care                       | Can the Department provide the number of enquiries that have been made via My Aged Care against each quarter of home care package data released to date? Please include: - Number of inquiries via the call centre. - Number of inquiries via the portal. - Number of inquiries via the Parliamentary Liaison My Aged Care telephone line. - Number of calls to My Aged Care that were unanswered. Can the Department confirm if it is undertaking any work to My Aged Care to increase transparency of information for consumers? If yes, can the Department outline the work it has undertaken? Can the Department provide an update on the 2018-19 Budget Measure to provide \$61.7 million over two years to make the My Aged Care website easier to use and to develop simpler assessment forms for people to access aged care services? How much funding has already been allocated? How much is set to be allocated in 2019-20? Can the Department outline what this funding is/will be used for? | Written                                |
| SQ18-001282 | 6 - Ageing and Aged Care | Polley, Helen | Respite Beds                       | Can the Department provide the number of respite beds funded in residential aged care? Please provide the amount of funding allocated to these beds? Can the Department provide a breakdown of the location of these respite beds by state and territory, by LGA and by residential aged care facility?  | Written                                |
| SQ18-001283 | 6 - Ageing and Aged Care | Polley, Helen | Home Care Packages                 | Can the Department confirm if it contracts any of the analysis work around the home care package data to an individual or organisation outside of the Department of Health? If yes, why? If no, why not?   | Written                                |
| SQ18-001284 | 6 - Ageing and Aged Care | Polley, Helen | Home Care Package Fees and Charges | Can the Department confirm if it or another agency is currently monitoring home care package fees and charges or is this something services providers set themselves in relation to costs for services including exit fees? Can the Department confirm if it is undertaking any work to address growing concerns around home care package fees and charges? If yes, what work is the Department undertaking? Has the Department, Minister for Health or Minister for Senior Australians and Aged Care received any correspondence relating to any concerns around home care package fees and charges? If yes, please provide the number of Senators and Members that have written.   | Written                                |

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| PDR No      | Outcome                  | Senator       | Broad Topic        | Question   | Type of Question:<br>Hansard / Written |
|-------------|--------------------------|---------------|--------------------|--|--|
| SQ18-001285 | 6 - Ageing and Aged Care | Polley, Helen | Home Care Packages | <p>Can the Department confirm what is the average length of time from when a person is assigned a home care package to when it is activated for each home care package level? What proportion of people assigned a package do not take it up? Is there any information on why they either choose not to or are unable to? How many of those people go into residential care? How many die while on the queue? There were 23,650 packages released to consumers in the September-December 2017 quarter? How many of these were activated? Given that approximately three quarters of people on the national waitlist are approved for residential care as well as home care services, how are people who have entered residential care or who have died while on the waitlist were removed from the queue? How is this data captured? How long, on average does it take? The original home care data report stated that 6,875 of the home care packages released in the April-June quarter were for new home care package clients, while 16,933 were for upgrades. However, the revised report issued soon after stated that 22,786 of those packages were released to new home care package clients and only 864 were upgrades. Can the Department explain what is the reason for this discrepancy? And why, according to the revised report, were so few package upgrades available during this quarter? How many older Australians have been waiting more than 12 months for their approved home care package since 30 March, 2018 to 30 June, 2018? How many older Australians have been waiting more than 24 months for their approved home care packages since 30 March, 2018 to 30 June, 2018? How many older Australians have been waiting longer than 24 months for their approved home care package since 30 March, 2018 to 30 June, 2018? What is the average length of time between a person being assigned a level 1, 2 3 or 4 package and actually taking it up? How many older Australians assigned a level 1, 2 3 or 4 package do not take it up? What are the reasons people don't take up their assigned package? Can the Department confirm the amount of unspent funds in the Home Care Package Program as at 30 December 2017, 30 March 2018 and 30 June 2018?</p> | Written                                |
| SQ18-001286 | 6 - Ageing and Aged Care | Polley, Helen | Home Care Packages | <p>Can the Department advise the number of older Australians being assessed by ACAT as needing a home care package each quarter for the past four quarters? In June 18 there were 23,650 assignments compared with previous quarter numbers of 41,993; 50,300; 32,722, 47,729. Can the Department explain why there were only 23,650 assignments in the June 2018 quarter which is significantly less than previous quarters? Can the Department confirm that this reduction in assignments is driving up the prioritisation queue? Are any packages being reserved for later release?</p>   | Written                                |

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| PDR No      | Outcome   | Senator       | Broad Topic  | Question  | Type of Question:<br>Hansard / Written |
|-------------|---|---------------|--|---|--|
| SQ18-001287 | 6 - Ageing and Aged Care                        | Polley, Helen | Commonwealth Home Support Program                  | \$100 million funding announcement Can the Department confirm if the \$100 million announced for the Commonwealth Home Support Program is new money? Can the Department confirm when the last growth funding for CHSP was? Can the Department confirm if this \$100 million is growth funding? Can the Department explain how is indexation being applied to the CHSP funding and what has been happening with these funds since 2016 that would have gone into CHSP growth funds? Can the Department explain if it undertook any modelling or analysis to determine the \$100 million figure? Can the Department confirm that no money will rollout until 1 January 2019 for the CHSP that is set to transition in 2020? Did the Department provide advice to the Minister in relation to this funding announcement? When did this occur? How many older Australians will be assisted by this funding? How will this funding be used? How many packages will this provide for? Can the Department provide a breakdown of the \$100 million across every state and territory and if any LGA or electorate breakdowns as well? Can the Department provide a breakdown across the two years to where this money will go including which states and territories and which organisations? Why was this funding decision made when there are currently 121,000 older Australians waiting for a home care package? Did the Department advise that this money would be better spent reducing the home care package waitlist? | Written                                |
| SQ18-001288 | 6 - Ageing and Aged Care                        | Polley, Helen | Commonwealth Home Support Program                  | Transition of CHSP What work has been done on the transition? How much of the CHSP funding will go to the Home Care Package Program by 2020? Is the transition still on track for 2020? How many people are currently receiving CHSP services? How many of these people would be eligible for a level 1 or above home care package? If Department does not know why not? Isn't this a fundamental part of the transition knowing the number and level of packages? Does the Department yet know what programs will continue to need block funding as funds that could go towards packages? If yes, what programs will continue to need block funding? If not, why not?  | Written                                |
| SQ18-001289 | 6 - Ageing and Aged Care                        | Polley, Helen | Aged Care workforce                                | Can the Department confirm if it has undertaken any work in relation to what is an appropriate staffing mix and numbers in residential aged care around the aged care workforce? If yes, can the Department outline what work has been undertaken. If no, why hasn't any work been undertaken?  | Written                                |
| SQ18-001290 | 6 - Ageing and Aged Care                        | Polley, Helen | Tune Review  | Can the Department confirm if any work is being undertaken to implement the remaining recommendations that have yet to be adopted from the Tune Review? Can the Department confirm if it or the Aged Care Pricing Commission has undertaken any discussions with the Minister or his staff in relation to any of the Tune Review recommendations specifically recommendations 12, 13, 14, 15, 19 or 20?   | Written                                |
| SQ18-001291 | 6 - Ageing and Aged Care                        | Polley, Helen | Carnell-Paterson Report                            | In QoN SQ18-000858 the Department stated that funding for the Carnell-Paterson report has been assigned to a number of relevant Budget measures. Can the Department provide a list of each recommendation and confirm if it has adopted, implemented - in part or in full - and if they are currently active? Can the Department also provide the amount of funding allocated to each of the 10 recommendations?  | Written                                |
| SQ18-001292 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | On 27 Sep 2018, the UN General Assembly hosted its 3rd High-level Meeting on Non-Communicable Diseases (NCDs) in New York. It was attended by 23 heads of government and 55 health Ministers. Can the Department confirm who attended the meeting on behalf of Australia?   | Written                                |

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| PDR No      | Outcome   | Senator       | Broad Topic  | Question   | Type of Question:<br>Hansard / Written |
|-------------|---|---------------|--|--|--|
| SQ18-001293 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Given Foreign Minister Payne attended the UNGA and made a statement at the High-level Meeting on Tuberculosis, did the Department advise the Minister to also attend the meeting on NCDs?                                  | Written                                |
| SQ18-001294 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Can the Department explain why given the importance of this issue to our future society that we had no ministerial representation?   | Written                                |
| SQ18-001295 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Reports indicated that Australia did not make a statement at the latest high level meeting. Did the Department request a speaking slot for Australia?  | Written                                |
| SQ18-001296 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Who made the decision for Australia not to speak and why?  | Written                                |
| SQ18-001297 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Can the Department outline the key outcomes from the meeting?  | Written                                |
| SQ18-001298 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | What previous commitments has Australia made at earlier high-level meetings around reporting on progress?  | Written                                |
| SQ18-001299 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Are we on track to meet Australia's commitment to achieving the Sustainable Development Goal 3.4 - to reduce premature death from NCDs by one third by 2030?   | Written                                |
| SQ18-001300 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | The Political Declaration from UN Members made no measurable or time bound commitments to achieve SDG 3.4 by 2030. Is the Department open to consideration of adopting Australia specific measurable and time bound goals? | Written                                |
| SQ18-001301 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | At the UN General Assembly, the Australian Government co-hosted events on 'Tobacco Free Financing' and 'Cervical Cancer Elimination'. Who represented the Government at these events?                                      | Written                                |
| SQ18-001302 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | What side events did the Minister attend?  | Written                                |
| SQ18-001303 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Can the Department provide a list of all Australian representation at side events – who attended, in what capacity and to which events?  | Written                                |
| SQ18-001304 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | a) Is the Department aware that there was a side event on 'the beer industry's contribution to development'? b) Was this attended by any Australian officials?   | Written                                |
| SQ18-001305 | 1 - Health System Policy, Design and Innovation | Moore, Claire | UN High-level Meeting on Non-Communicable Diseases | Did the Minister or any official have any contact with the alcohol industry during the week of the UN General Assembly?  | Written                                |

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| PDR No      | Outcome   | Senator             | Broad Topic   | Question   | Type of Question:<br>Hansard / Written                |
|-------------|---|---------------------|---|--|---|
| SQ18-001306 | 1 - Health System Policy, Design and Innovation | Singh, Lisa         | Healthcare Information and Management Systems Society | Mr Kelsey: Sorry, Chair, could I clarify one point that I made earlier on. Healthcare IT News, as we clarified, is an online news provider in digital health. I was mistaken in that, in the question on notice that we provided back to you, you asked, 'Could you provide some examples on areas where you sought to correct inaccuracy?' and, in fact, Healthcare IT News isn't included on the list which covers a number of other providers. So we will, as I say, on notice, provide you with requests for correction of Healthcare IT News reports. But I was wrong to say I thought they were already included in the response to the prior question taken on notice. Senator SINGH: My question was specifically not just health- [inaudible], it was HIMSS as well that you were taking on notice. Mr Kelsey: Okay; yes. Senator SINGH: Both—the one for which you're paying sponsorship to the conference. Mr Kelsey: Yes, we will. | Hansard Proof, 24 October 2018, CA Committee, Page 70 |
| SQ18-001308 | 6 - Ageing and Aged Care                        | Watt, Murray        | Aged Care Access                                      | There was an announcement of \$85 million to 'Simplify Aged Care Access and Cut Red Tape' this year. How much of the \$85 million has been spent and what has this been spent on?  | Written   |
| SQ18-001309 | 4 - Individual Health Benefits                  | Watt, Murray        | Written Authority Prescriptions                       | \$28.2 million has been allocated to ePrescribing reforms. Will a portion of these funds be spent on automating the process for doctors to obtain written authority?   | Written   |
| SQ18-001310 | 2 - Health Access and Support Services          | Kitching, Kimberley | COAG Discussions on Public Hospital Funding           | 1. (a) What steps were taken to settle this dispute previously? (b) Have discussions occurred between officials, then discussions between relevant Ministers, then discussion at COAG Health Council, as envisaged under the National Health Reform Agreement? (c) Are there any previous examples of section 23 of the Agreement being invoked? (d) The states say the Commonwealth is making changes retrospectively, reducing funding for hospital services they delivered in 2016-17, is this correct? 2. (a) What is the scale of the dispute? (b) Is it correct that Victoria says it is owed \$201 million and Queensland says \$79?  | Written   |