



**Australian Government**

**SM20/0266/NATCAB/15**

**15 May 2020**

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**CABINET MINUTE  
NATIONAL CABINET**

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<b>Oral Update</b>	<b>SM20/0266</b>	<b>CORONAVIRUS UPDATE</b>
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The National Cabinet for Australia's Coronavirus Response:

1. Noted the oral update by the Prime Minister on discussions with the Chief Executive Officer of the National Aboriginal Community Controlled Health Organisation (CEO NACCHO) and senior Indigenous leaders on their experiences with implementing COVID-19 restrictions.
2. Agreed to invite the CEO NACCHO and senior Indigenous leaders to speak at a future National Cabinet meeting.
3. Noted the oral updates by the Secretary of the Commonwealth Department of the Treasury, the Governor of the Reserve Bank of Australia and the Chair of the Australian Prudential Regulation Authority and in particular the importance of:
  - (a) consumer and business confidence to economic and job-market recovery
  - (b) getting people back to work as quickly as possible in a COVID-safe way
  - (c) putting in place policies to support investment, job creation and innovation in the post-pandemic economy, including taxation and regulatory reforms.

4. Noted:
  - (a) the Australian Health Protection Principal Committee's (AHPPC) 7 May 2020 recommendation to continue the human biosecurity emergency period, outgoing travel restrictions and cruise entry restrictions under the *Biosecurity Act 2015* ('the Act')
  - (b) the Governor-General has extended the human biosecurity emergency period for an additional three months beyond the current end date of 17 June 2020 to 17 September 2020, under the Act
  - (c) the Commonwealth Minister for Health ('the Minister') will extend restrictions on:
    - (i) the entry of cruise ships for an additional three months beyond the current end date of 15 June 2020 to 17 September 2020
    - (ii) outgoing travel for an additional four weeks, with a scheduled review date of 17 June 2020
  - (d) the remainder of the emergency determinations made under section 477 of the Act will be automatically extended by the extension of the human biosecurity period, although they may be amended or repealed at any time.
5. Noted the oral update by the Chief Medical Officer on the latest epidemiological and modelling data.
6. Agreed the AHPPC publish statements on:
  - (a) Paediatric Inflammatory Multisystem Syndrome
  - (b) the utility of testing for COVID-19 to reduce quarantine requirements
  - (c) testing of asymptomatic people.
7. Noted the:
  - (a) Management Plan for Aboriginal and Torres Strait Islander Populations, endorsed by AHPPC on 27 March 2020
  - (b) Implementation Tracker outlining progress under the Management Plan, noted by AHPPC on 9 May 2020.
8. Agreed in principle a framework for consideration of changes to areas covered under the remote travel restrictions put in place under the Act, noting that the Minister must personally exercise the power to vary the remote travel restrictions.

9. Agreed:

- (a) States and Territories will continue to apply the principles for elective surgery while incrementally increasing the level of surgical activity, subject to local circumstances and taking into account the availability of personal protective equipment (PPE), medicines, intensive care unit (ICU) capacity and other health system capacity
- (b) in line with the National Cabinet's approach to easing other restrictions as part of the COVID-19 response, the easing of elective surgery restrictions and restoration of hospital activity involves three stages:
  - (i) Stage 1 – up to 50 per cent of normal surgical activity levels (including reportable and non-reportable)
  - (ii) Stage 2 – up to 75 per cent of normal surgical activity levels (including reportable and non-reportable)
  - (iii) Stage 3 – up to 100 per cent of normal surgical activity levels (including reportable and non-reportable) or as close to normal activity levels as is safely possible
- (c) private hospitals mirror their own State's approach to surgical activity unless agreed otherwise with the relevant State.

10. Agreed that in relation to arrangements for PPE:

- (a) States will continue to source PPE for public patients
- (b) private hospitals will continue to source PPE through their own procurement processes
- (c) the National Medical Stockpile (NMS) will only be made available to support the response to COVID-19 impacts
- (d) the NMS will not be used for elective activity.

11. Agreed:

- (a) the level of elective surgery be reviewed monthly commencing May 2020 by the Australian Health Ministers' Advisory Council to ensure it remains safe and sustainable, and in line with the agreed principles
- (b) all States continue to prioritise contributing timely and accurate data to the Australian Institute of Health and Welfare, with particular emphasis on the provision of data from all public and private hospitals providing admitted patient care and ICU surge capacity to support ongoing monitoring and review.

12. Considered the presentation by the Chief Executive Officer of the National Mental Health Commission on the National Mental Health and Wellbeing Pandemic Response Plan ('the Plan') and:

- (a) agreed to adopt the Plan, recognising that the mental health impacts of COVID-19 on Australians should be a key consideration of Australia's response to the pandemic
- (b) noted the Commonwealth's commitment of \$48.1 million to support the implementation of the Plan.

13. Noted the Prime Minister's update on the National Health Reform Agreement (NHRA) and that jurisdictions that had not yet signed and returned the NHRA Addendum should do so as quickly as possible.

14. Agreed in principle that from 1 June 2020 all returning passengers to Australia will be required to cover their costs of mandatory hotel quarantining, subject to advice from the Commonwealth Department of Health, in consultation with the Australian Border Force and the States and Territories, on a framework for managing hardship cases.

15. Commenced consideration of the future role of the National Cabinet and agreed:

- (a) the National Cabinet has played an important role in responding to the pandemic
- (b) its operation under longstanding conventions of Cabinet solidarity and confidentiality has been important to this success
- (c) it should continue to meet regularly after the pandemic, with procedural refinements including more timely distribution of papers
- (d) to discuss this issue at a future meeting, informed by one-on-one discussions between the Prime Minister and First Ministers and a short Commonwealth paper.



16. Agreed:

- (a) to hold its next meeting on 29 May 2020
- (b) the AHPPC will provide health advice at this meeting on options for managing Australians travelling overseas for essential business (commercial or government) or other reasons (as the global economy begins reopening).

Cabinet Secretary

s 47F

**From:** Moran, Celeste  
**Sent:** Thursday, 21 May 2020 6:38 PM  
**To:** s 47F  
**Subject:** FW: s 42  
[SEC=OFFICIAL:Sensitive]

**OFFICIAL:Sensitive**

**From:** Bouwhuis, Stephen <Stephen.Bouwhuis@Protected.Health.gov.au>  
**Sent:** Thursday, 21 May 2020 5:30 PM  
**To:** Moran, Celeste <Celeste.Moran@pmc.gov.au>  
**Subject:** FW: s 42 [SEC=OFFICIAL:Sensitive]

Hi Celeste

Just fyi:

s 42

**From:** Bouwhuis, Stephen [mailto:Stephen.BOUWHUIS@health.gov.au]

**Sent:** Tuesday, 19 May 2020 12:23 PM

**To:** s 47F [redacted]@health.gov.au; s 47F [redacted]@ags.gov.au>

**Subject:** RE: charging for hotel quarantine [AGSDMS-DMS.FID4077332] [SEC=OFFICIAL:Sensitive]

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Hi both

s 42

Happy to discuss s 22(1)(a)(ii)

Yours sincerely

**Stephen Bouwhuis**

Assistant Secretary

Legal and Assurance Division | Corporate Group  
Legal Advice and Legislation Branch  
Australian Government Department of Health  
T: s 22(1)(a)(ii) | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)  
Location: Sirius Building 5.S.110  
PO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.*

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**From:** s 47F [redacted]@health.gov.au>

**Sent:** Tuesday, 19 May 2020 11:59 AM

**To:** s 47F [redacted]@ags.gov.au>

**Cc:** Bouwhuis, Stephen <[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)>

**Subject:** RE: s 42 [redacted] [AGSDMS-DMS.FID4077332] [SEC=OFFICIAL:Sensitive]

Thanks so much s 47F – this is really helpful.

Stephen – ill leave for you to send (by 4pm). s 42 , s 47C

[REDACTED]

[REDACTED]

Many thanks

s 42

[REDACTED]

**From:** s 47F [REDACTED]@health.gov.au>

**Sent:** Tuesday, 19 May 2020 10:31 AM

**To:** Bouwhuis, Stephen <Stephen.BOUWHUIS@health.gov.au>; s 47F [REDACTED]@health.gov.au>;

s 47F [REDACTED]@health.gov.au>; s 47F [REDACTED]@anu.edu.au>

**Cc:** s 47F [REDACTED]@health.gov.au>; s 47F [REDACTED]@health.gov.au>; s 47F [REDACTED]

s 47F @health.gov.au>; s 47F @health.gov.au>; s 47F  
s 47F @health.gov.au>

**Subject:** RE: s 42 [SEC=OFFICIAL:Sensitive]

**Importance:** High

Stephen - s 47C

s 47F / s 47F – as discussed, will be providing this to s 47F for clearance this afternoon but we can adjust if needed s 47C.

Cheers

s 47F

**Director – Border Health Section**

National Incident Response Division | Chief Medical Officer Group

Australian Government Department of Health

T: s 22(1)(a) | E s 47F @health.gov.au

Location: Scarborough 3.105

PO Box 9848, Canberra ACT 2601, Australia

**From:** Bouwhuis, Stephen <Stephen.BOUWHUIS@health.gov.au>

**Sent:** Monday, 18 May 2020 4:30 PM

**To:** s 47F @health.gov.au>; s 47F @health.gov.au>; s 47F  
s 47F @health.gov.au>

**Cc:** s 47F @health.gov.au>; s 47F @health.gov.au>; s 47F

s 47F @health.gov.au>; s 47F @health.gov.au>

**Subject:** s 42 [SEC=OFFICIAL:Sensitive]

Hi all

s 42 , s 47B(a)

s 42 , s 47B(a) , s 47C

s 42 , s 47B(a)

s 47C

Yours sincerely

## Stephen Bouwhuis

Assistant Secretary

---

Legal and Assurance Division | Corporate Group  
Legal Advice and Legislation Branch  
Australian Government Department of Health  
T: s 22(1)(a)(ii) | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)  
Location: Sirius Building 5.S.110  
PO Box 9848, Canberra ACT 2601, Australia

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**From:** Bouwhuis, Stephen [mailto:Stephen.BOUWHUIS@health.gov.au]  
**Sent:** Friday, 15 May 2020 5:49 PM  
**To:** s 47F [redacted]@ags.gov.au>  
**Cc:** s 47F [redacted]@ags.gov.au>; s 47F [redacted]@health.gov.au>  
**Subject:** RE: Who is leading on Border? [SEC=OFFICIAL:Sensitive]

**CAUTION:** This email originated from outside of the organisation. Do not follow guidance, click links, or open attachments unless you recognise the sender and know the content is safe.

Thanks s 47F

That would be super

Many thanks

Yours sincerely

**Stephen Bouwhuis**

Assistant Secretary

---

Legal and Assurance Division | Corporate Group  
Legal Advice and Legislation Branch  
Australian Government Department of Health  
T: 02 6289 7803 | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)  
Location: Sirius Building 5.S.110  
PO Box 9848, Canberra ACT 2601, Australia

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-----Original Message-----

**From:** s 47F [redacted]@ags.gov.au>  
**Sent:** Friday, 15 May 2020 5:37 PM  
**To:** Bouwhuis, Stephen <[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)>  
**Cc:** s 47F [redacted]@ags.gov.au>; s 47F [redacted]@health.gov.au>  
**Subject:** RE: Who is leading on Border? [SEC=OFFICIAL] [DLM=For-Official-Use-Only]

s 47C

Many thanks,

s 47F



s 42 , s 47B(a) , s 47C

Subject: RE: Who is leading on Border? [SEC=OFFICIAL]

Dear Brendan

s 42

s 42 , s 47B(a)

Happy to discuss with anyone s 22(1)(a)(ii)

Yours sincerely

Stephen Bouwhuis

Assistant Secretary

Legal and Assurance Division | Corporate Group Legal Advice and Legislation Branch Australian Government  
Department of Health

T: s 22(1)(a)(ii) | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)<<mailto:stephen.bouwhuis@health.gov.au>>

Location: Sirius Building 5.S.110

PO Box 9848, Canberra ACT 2601, Australia

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From: MURPHY, Brendan <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)<<mailto:Brendan.Murphy@health.gov.au>>>

Sent: Friday, 15 May 2020 4:50 PM

To: Street, Celia <[Celia.Street@health.gov.au](mailto:Celia.Street@health.gov.au)<<mailto:Celia.Street@health.gov.au>>>; Kelly, Paul  
<[Paul.Kelly@health.gov.au](mailto:Paul.Kelly@health.gov.au)<<mailto:Paul.Kelly@health.gov.au>>>; s 47F

s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; s 47F

<s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; s 47F

<s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; s 47F

s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; s 47F

Cc: s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; s 47F

<s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)<<mailto:s 47F@health.gov.au>>>; AHPPC Secretariat

<[AHPPC.Secretariat@health.gov.au](mailto:AHPPC.Secretariat@health.gov.au)<<mailto:AHPPC.Secretariat@health.gov.au>>>; Bouwhuis, Stephen

<[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)<<mailto:Stephen.BOUWHUIS@health.gov.au>>>

Subject: RE: Who is leading on Border? [SEC=OFFICIAL]



s 42 , s 47B(a) , s 47C

s 47B(a)

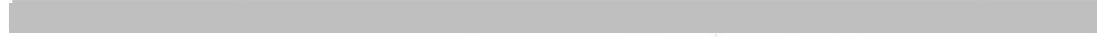

s 42 , s 47B(a) , s 47C

s 47B(a) , s 47C

s 47B(a) , s 47C



s 42 , s 47B(a) , s 47C



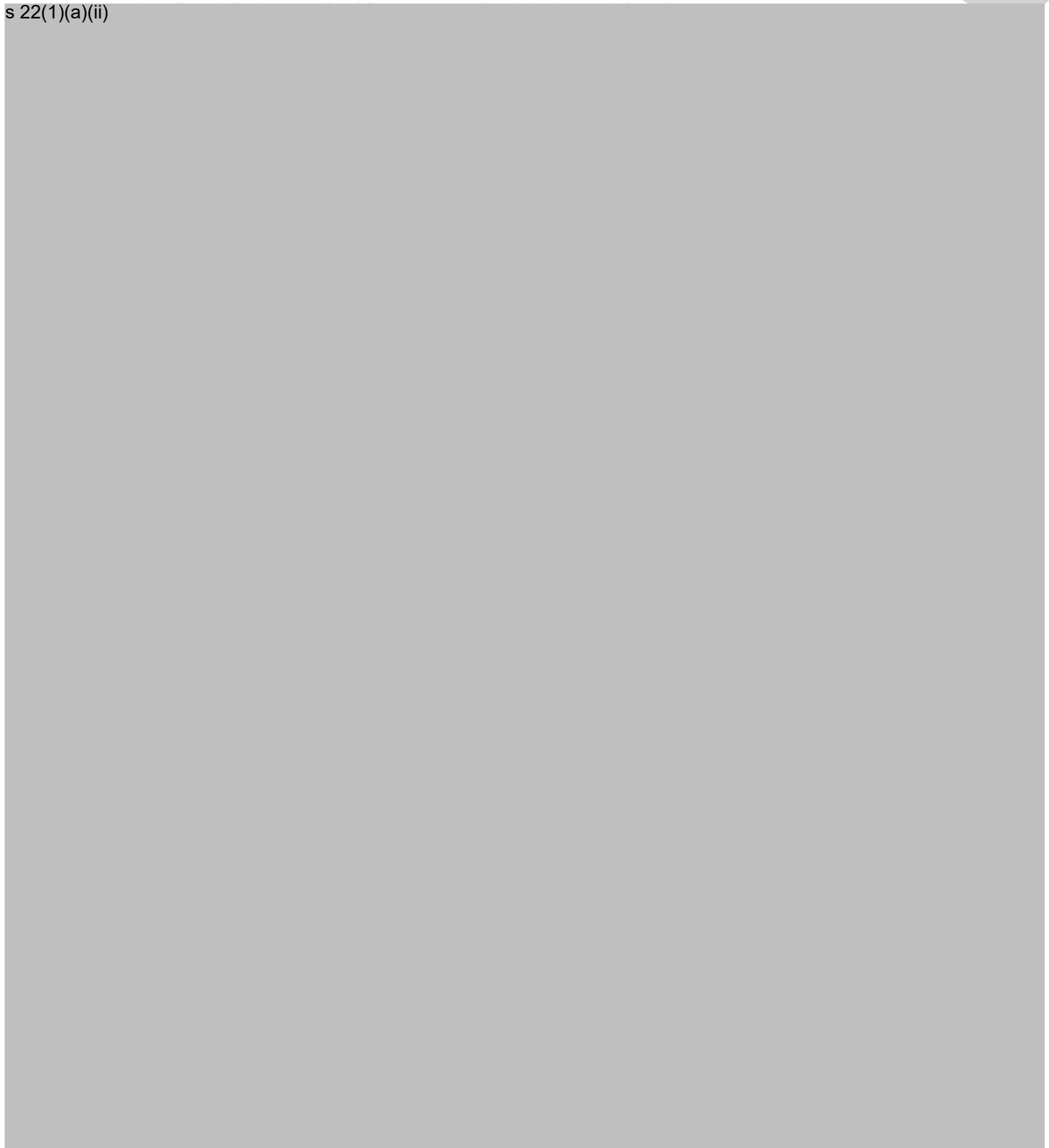
Professor Brendan Murphy

MBBS, FRACP, PhD, FAICD, FACHSM (Hon), FAHMS Australian Government Chief Medical Officer Department of Health

Phone: s 22(1)(a)(ii)



s 22(1)(a)(ii)



**From:** s 47F  
**To:** s 47F  
**Cc:** [Moran, Celeste](#); s 47F; [Lewis, David](#)  
**Subject:** RE: s 22(1)(a)(ii) [SEC=PROTECTED, CAVEAT=SH:CABINET]  
**Date:** Tuesday, 26 May 2020 7:57:37 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[FW s 42](#) [SEC=PROTECTED]  
[DLMsensitiveCabinet.msg](#)

**PROTECTED**

Hi s 47F

Thanks for forwarding that s 47C and I'm sorry for the delayed response.  
s 42

s 42 s 47C , s 47B(a)  
s 47C , s 47B(a)

Thank you for the notice about the latest *Palmer* matter, I understand s 47F has been in touch with Celeste about this last night.

s 22(1)(a)(ii)

Kind regards

s 47F

A/g Senior Legal Officer | Office of Constitutional Law

**Attorney-General's Department**

T: s 22(1)(a)(ii) E: s 47F @ag.gov.au

Please note that I am working remotely

**From:** s 47F @pmc.gov.au]

**Sent:** Monday, 25 May 2020 4:42 PM

**To:** s 47F ; Lewis, David

**Cc:** Moran, Celeste ; s 47F

**Subject:** RE: s 22(1)(a)(ii) [SEC=PROTECTED, CAVEAT=SH:CABINET]

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PROTECTED//CABINET

Hi s 47F

s 22(1)(a)(ii)

s 47C , s 47B(a)

s 47C , s 47B(a)

You may have also seen that a writ of summons and notice of constitutional matter have now been filed in the High Court in *Palmer & Anor v The State of Western Australia & Anor* (accessible with a fee).

Kind regards

s 47F

s 47F | Adviser

Public Law Section | Legal Policy Branch

Government Division | Department of the Prime Minister and Cabinet

p. s 22(1)(a)(ii)

e. s 47F [@pmc.gov.au](mailto:pmc.gov.au) | w. [www.pmc.gov.au](http://www.pmc.gov.au)

One National Circuit Barton ACT 2600 | PO Box 6500 CANBERRA ACT 2600



The Department acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to their Cultures, Country and Elders both past and present.

s 22(1)(a)(ii)

**From:** s 47F  
**To:** [Moran, Celeste](#)  
**Cc:** s 47F; [Lewis, David](#); s 47F; [\[OCL – OCL COVID-19\]; COVID-19 Taskforce](#)  
**Subject:** FW:s 42 [SEC=PROTECTED,  
DLM=Sensitive:Cabinet]  
**Date:** Thursday, 21 May 2020 1:49:11 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

---

**PROTECTED**  
**Sensitive: Cabinet**


Hi Celeste

s 42

s 47B(a) , s 47C

Kind regards

s 47F

 s 22(1)(a)(ii)

 s 47F [@ag.gov.au](#)

s 42

**From:** Bouwhuis, Stephen [<mailto:Stephen.BOUWHUIS@health.gov.au>]  
**Sent:** Tuesday, 19 May 2020 12:23 PM  
**To:** s 47F [s 47F@health.gov.au](mailto:s 47F@health.gov.au); s 47F  
s 47F [s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>  
**Subject:** RE: s 42 [AGSDMS-DMS.FID4077332]  
[SEC=OFFICIAL:Sensitive]

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Hi both

s 42

Happy to discuss s 22(1)(a)(ii)

Yours sincerely

**Stephen Bouwhuis**

Assistant Secretary

---

Legal and Assurance Division | Corporate Group  
Legal Advice and Legislation Branch  
Australian Government Department of Health  
T: s 22(1)(a)(ii) | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)  
Location: Sirius Building 5.S.110  
PO Box 9848, Canberra ACT 2601, Australia

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---

**From:** s 47F [s 47F@health.gov.au](mailto:s 47F@health.gov.au)>  
**Sent:** Tuesday, 19 May 2020 11:59 AM  
**To:** s 47F [s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>  
**Cc:** Bouwhuis, Stephen <[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)>  
**Subject:** RE: s 42 [AGSDMS-DMS.FID4077332]  
[SEC=OFFICIAL:Sensitive]

Thanks so much s 47F this is really helpful.

Stephen – ill leave for you to send (by 4pm). s 42, s 47C

s 42, s 47C

Many thanks

s 42



**From:** s 47F @health.gov.au>  
**Sent:** Tuesday, 19 May 2020 10:31 AM  
**To:** Bouwhuis, Stephen <Stephen.BOUWHUIS@health.gov.au>; s 47F  
 s 47F @health.gov.au>; s 47F @health.gov.au>;  
 s 47F @anu.edu.au>  
**Cc:** s 47F health.gov.au>; s 47F  
 s 47F @health.gov.au>; s 47F @health.gov.au>; s 47F  
 s 47F @health.gov.au>; s 47F @health.gov.au>

**Subject:** RE: s 42 [SEC=OFFICIAL:Sensitive]

**Importance:** High

Stephen - s 47C

Cath s 47F – as discussed, will be providing this to s 47F for clearance this afternoon but we can adjust if needed s 47C

Cheers

s 47F

**Director – Border Health Section**

National Incident Response Division | Chief Medical Officer Group  
 Australian Government Department of Health  
 T: s 22(1)(a)(ii) | E: s 47F @health.gov.au  
 Location: Scarborough 3.105  
 PO Box 9848, Canberra ACT 2601, Australia

**From:** Bouwhuis, Stephen <Stephen.BOUWHUIS@health.gov.au>  
**Sent:** Monday, 18 May 2020 4:30 PM

**To:** s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>; s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>;  
s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>  
**Cc:** s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>; s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>;  
s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>; s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>;  
s 47F [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>

**Subject:** s 42 [redacted] SEC=OFFICIAL:Sensitive]

Hi all

s 42, s 47B(a)

s 42, s 47B(a), s 47C

s 42, s 47B(a)

s 47C

Yours sincerely

**Stephen Bouwhuis**

Assistant Secretary

---

Legal and Assurance Division | Corporate Group  
Legal Advice and Legislation Branch  
Australian Government Department of Health  
T: s 22(1)(a)(ii) [redacted] | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)  
Location: Sirius Building 5.S.110  
PO Box 9848, Canberra ACT 2601, Australia

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s 42

**From:** Bouwhuis, Stephen [<mailto:Stephen.BOUWHUIS@health.gov.au>]

**Sent:** Friday, 15 May 2020 5:49 PM

**To:** s 47F <[s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>

**Cc:** s 47F <[s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>; s 47F

s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)>

**Subject:** RE: Who is leading on Border? [SEC=OFFICIAL:Sensitive]

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Thanks s 47F

That would be super

Many thanks

Yours sincerely

**Stephen Bouwhuis**

Assistant Secretary

---

Legal and Assurance Division | Corporate Group

Legal Advice and Legislation Branch

Australian Government Department of Health

T: s 22(1)(a)(ii) | E: [stephen.bouwhuis@health.gov.au](mailto:stephen.bouwhuis@health.gov.au)

Location: Sirius Building 5.S.110

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-----Original Message-----

**From:** s 47F <[s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>

**Sent:** Friday, 15 May 2020 5:37 PM

**To:** Bouwhuis, Stephen <[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)>

**Cc:** s 47F <[s 47F@ags.gov.au](mailto:s 47F@ags.gov.au)>; s 47F

s 47F <[s 47F@health.gov.au](mailto:s 47F@health.gov.au)>

**Subject:** RE: Who is leading on Border? [SEC=OFFICIAL] [DLM=For-Official-Use-Only]

s 47C

Many thanks,

s 47F

Sent with BlackBerry Work ([www.blackberry.com](http://www.blackberry.com))

From: Bouwhuis, Stephen  
Sent: Friday, 15 May 2020 5:05 PM  
To: MURPHY, Brendan <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)>  
Cc: s 47F <[REDACTED]@health.gov.au>; s 47F <[REDACTED]@health.gov.au>;  
AHPPC Secretariat <[AHPPC.Secretariat@health.gov.au](mailto:AHPPC.Secretariat@health.gov.au)>; Street, Celia  
<[Celia.Street@health.gov.au](mailto:Celia.Street@health.gov.au)>; Kelly, Paul <[Paul.Kelly@health.gov.au](mailto:Paul.Kelly@health.gov.au)>; s 47F  
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s 47F <[REDACTED]@health.gov.au>

Subject: RE: Who is leading on Border? [SEC=OFFICIAL]

Dear Brendan

s 42

s 42 , s 47B(a)

Happy to discuss with anyone s 22(1)(a)(ii)

Yours sincerely

Stephen Bouwhuis

Assistant Secretary

Legal and Assurance Division | Corporate Group Legal Advice and Legislation Branch

Australian Government Department of Health

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The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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From: MURPHY, Brendan <[Brendan.Murphy@health.gov.au](mailto:Brendan.Murphy@health.gov.au)>>

Sent: Friday, 15 May 2020 4:50 PM

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Bouwhuis, Stephen <[Stephen.BOUWHUIS@health.gov.au](mailto:Stephen.BOUWHUIS@health.gov.au)>>

Subject: RE: Who is leading on Border? [SEC=OFFICIAL]

s 42 , s 47B(a) , s 47C

s 47B(a)

s 42 , s 47B(a) , s 47C

s 47B(a) , s 47C

s 42 , s 47B(a) , s 47C

Professor Brendan Murphy

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s 22(1)(a)(ii)



<DocNo>

Australian, State and Territory  
Governments

# National Cabinet for Australia's Coronavirus Response

## Submission

Title	Future Arrangements for Hotel Quarantine
Sponsoring Minister(s)	Prime Minister

## Summary

### Proposed Action

Following National Cabinet's decision of 15 May 2020 to give in-principle approval that from 1 June 2020 all returning passengers to Australia will be required to cover the costs of mandatory hotel quarantining (SM20/0266/NATCAB), States and Territories have identified a range of challenges that need to be addressed before application of such a charge would be feasible. s 47C , s 47B(a)

### Key reasons

Noting in-principle agreement by National Cabinet (SM20/0266/NATCAB) to begin charging a quarantine fee, a nationally consistent approach is essential to avoid situations where returning Australians may avoid more costly jurisdictions, and other scenarios that undermine the national approach to managing returning Australians. A consistent approach also ensures the announcement and messaging to Australians overseas is managed to prevent a spike in travellers before the fee comes into effect.


Further consideration is required on whether implementation of a nationally consistent approach to a quarantine fee could be overtaken by changes to health advice and options concerning the future of hotel quarantine arrangements as border restrictions are eased.

s 47B(a) , s 47C

## 1 Proposed Actions

I recommend the National Coronavirus Cabinet:

s 47C , s 47B(a)




s 47C



3. Note the AHPPC does not view the issue of a quarantine fee as a health issue.
4. Agree the AHPPC will provide advice to National Cabinet on the existing quarantine models in the context of the current epidemiological situation and easing borders.

s 47C , s 47B(a)



7. Agree a comeback to National Cabinet with a proposed model once the matters above have been addressed.
    - (a) This would include detailed requirements by States and Territories to implement a nationally consistent framework, including considerations to their administrative mechanisms to manage hardship cases and exemptions.
-



## 2 Detail of Proposal

### Consistency in implementing a fee for quarantine

2.1 States and Territories are currently covering the costs associated with quarantine for returning passengers.

2.1.1. The rate of returns remains consistent – around 5,600 people per week – with the majority of passengers undertaking quarantine in New South Wales (over 18,000 persons) and Victoria (almost 13,000 persons).

2.2 On 15 May 2020, National Cabinet approved in-principle that States and Territories implement a quarantine fee effective 1 June 2020 (SM20/0266/NATCAB).

2.3 There is currently no agreed position between States and Territories on the nature, timing and substance of a regime for charging for quarantine.

2.3.1. Further consideration by States and Territories of the legislative and administrative mechanisms to achieve this within each jurisdiction is required.

2.4 States and Territories will continue to work through the National Coordination Mechanism towards a nationally consistent approach to implementing a quarantine fee. A nationally consistent approach is essential in ensuring gains made through the implementation of the national approach for managing returning Australians are not inadvertently undermined.

2.4.1. Inconsistent domestic application of a quarantine fee may result in travellers seeking to preference arrival into one jurisdiction over another, thus creating the risk that quarantine resources in certain States or Territories may be overwhelmed.

2.4.2. It is also likely that an announcement of the impending implementation of a quarantine fee nationally, or in the larger states, will see an increase in people attempting to travel to Australia before the measure come into effect. This will likewise create the risk that existing quarantine resources will be overwhelmed.

2.5 As a first priority, it is proposed that States and Territory Treasurers explore the option of implementing a burden-sharing regime whereby the quarantining State or Territory is reimbursed costs by the person's jurisdiction of residence.

2.5.1. This should seek to address the current uneven distribution of quarantine across larger jurisdictions.

### Legislative considerations

2.6 While there is in-principle support for a nationally consistent approach, s 47B(a)

[REDACTED]

2.6.1. Further consideration of the legislative basis for a quarantine fee is required, and individual jurisdictions have flagged the possible need to alter their

legislative frameworks and, where relevant, to consider legislative changes against relevant Human Rights legislation. This is likely to be an extended process that cannot be implemented by 1 June 2020.

2.7 States and Territories have suggested the Commonwealth facilitate collection of quarantine fees on behalf of States and Territories. The Commonwealth does not have primary legislation to collect a charge on behalf of a State or Territory under State and Territory legislation for this type of fee.

2.8 It is appropriate the States and Territories, under whose legislation the quarantine requirements are imposed, also impose the proposed quarantine fee.

2.9 If States and Territories implement a quarantine fee, it will be important that a communication strategy is ready to explain the policy to those returning. Commonwealth agencies can assist with communicating the changes to Australian citizens, including via Australian diplomatic missions overseas and through relevant digital channels, such as Smartraveller. The Australian Border Force can also assist with communication at border points.

2.8.1 Prior to any announcement of the change, clarity of arrangements will be essential.

2.8.2 A viable advance notice period – for example, 10 days – will also be crucial to ensure that Australians with an intent to return, as well as industry, are aware of the change of policy.

## **Management of hardship cases and exemptions**

s 47B(a)

2.10.1. It was noted at a National Coordination Mechanism meeting on 26 May 2020, there may be a high probability of returnees seeking exemptions or variations that will add to the administrative workload of States and Territories.

2.10.2. Further consideration will be required on the management of exemption or variations where persons have financial difficulty in meeting the costs due to hardship, or their stay in quarantine accommodation is varied due to changes in personal circumstances, safety and wellbeing issues, or hospitalisation.

2.11 On 21 May 2020, the Australian Health Protection Principal Committee (AHPPC) considered the issue of a quarantine fee. The Committee does not consider this a health issue.

2.11.1. AHPPC considers some form of quarantine of international arrivals to be an effective tool in preventing the spread of COVID-19 into Australia; however, extended periods in quarantine can affect mental health wellbeing.

2.11.2. AHPPC noted that vulnerable cohorts such as those with English as a second language, pregnant woman, those with newborn babies,

unaccompanied minors and those with no home in Australia, are already in a very stressful situation. The added burden of payment may exacerbate mental health issues already highlighted.

- 2.11.3. AHPPC recommended a cost benefit analysis of hotel quarantine, taking into consideration all of the aforementioned factors.

### **Sustainability of current quarantine models**

2.12 As domestic restrictions are relaxed across Australia, there are concerns from States and Territories that the currently model for quarantine will not be sustainable and alternative models, such as home-based quarantine, will need to be examined.

2.13 The eventual easing of international border restrictions, followed by the return of cohorts, such as international students, will likely also require changes to existing quarantine processes.

2.14 Changes to current quarantine arrangements for returning Australians may render the need to implement a quarantine fee model moot.

- 2.14.1. Care will also need to be taken to ensure returning Australians are not subject to more stringent or costly quarantine processes than other cohorts due to competing frameworks being enacted.

2.15 Existing quarantine models will be considered by AHPPC in the context of the reopening of Australia.

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## **3 Risks and sensitivities**

s 47C

s 47C , s 47B(a)

3.2 The Department of Foreign Affairs and Trade advise that a change in policy will lead to a strong negative reaction by some Australians who remain overseas with an intent to return home. Many amongst this cohort have no access to scheduled commercial flights, including to international hubs, and are reliant on government-facilitated flights.

3.3 A move to a cost-share arrangement could also lead to increased numbers of Australians remaining in high-risk environments rather than taking facilitated or commercial flights home – potentially exposing themselves to risk and leading to an increased consular caseload. It could also lead to a greater demand for loans for subsistence, needs to shelter in place.

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## 4 Impacts

- 4.1 Imposition of a quarantine fee without due consideration of the management of exemption processes for vulnerable cohorts, and appropriate communication and transition time will likely result in adverse outcomes, and will potentially generate adverse media coverage for Australian, State and Territory governments.
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FOI/2022/12716

## Attachments

### Attachments

Nil

FOI/2022/1271C



Australian Government

SM20/0266/NATCAB/16

29 May 2020

## CABINET MINUTE NATIONAL CABINET

<b>Oral Update</b>	<b>SM20/0266</b>	<b>CORONAVIRUS UPDATE</b>
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The National Cabinet:

1. Noted all jurisdictions have signed the National Health Reform Agreement and thanked Health Ministers and Treasurers for their work on the Agreement.
2. Noted the oral update by the Chief Medical Officer (CMO) on the latest epidemiological data.
3. Noted and agreed to the publication of:
  - (a) the final 'Australian National Disease Surveillance Plan' for COVID-19
  - (b) 27 May 2020 modelling by the Doherty Institute
  - (c) 'Australian Health Protection Principal Committee (AHPPC) Statement on Tobacco use, E-cigarette use and COVID-19'
  - (d) the 25 May 2020 update on the precedent conditions.
4. Noted:
  - (a) the 'Pandemic Health Intelligence Plan (PHIP)' report for the period 11 to 24 May 2020
  - (b) the advice that, while disease surveillance data indicate low levels of infection and decreasing trends, insufficient time has elapsed to be able to fully measure and assess the impacts of relaxing public health related measures.



5. Agreed to the publication of the public-facing summary version of the PHIP report.
6. Noted the oral updates by:
  - (a) all jurisdictions on progress implementing the Three-Step Framework for a COVID-Safe Australia
  - (b) relevant jurisdictions on internal border restrictions.
7. Endorsed the 'Principles for COVID-19 Public Transport Operations' developed by the AHPPC and noted the updated AHPPC advice on 'The Use of Masks by the Public in the Community'.
8. Agreed States and Territories wishing to do so will commence charging international arrivals for mandatory quarantining, with jurisdictions responsible for implementation.
9. Noted all jurisdictions endorsed out-of-session the AHPPC paper entitled 'Updated advice on distancing requirements in Early Childhood and Learning Centres'.
10. Agreed:
  - (a) AHPPC advice commissioned by National Cabinet will continue to be formally considered by National Cabinet prior to publication
  - (b) AHPPC health advice initiated by the AHPPC or commissioned through other mechanisms will henceforth be considered by Senior Officials in Senior Officials' Meeting (SOM) meetings or out-of-session, with:
    - (i) the Chair of SOM to recommend to the Cabinet Secretary that AHPPC advice be scheduled for formal consideration by National Cabinet where SOM agrees National Cabinet should review the health advice
    - (ii) all other health advice being endorsed by SOM prior to publication.



11. Agreed National Cabinet will next meet on 12 June 2020 and will consider:
- (a) an economic update by the Secretary of the Commonwealth Department of the Treasury
  - (b) AHPPC advice:
    - (i) on the impacts of relaxing public health related measures and the timetable for future relaxation
    - (ii) clarifying the specific measures for potential easing under Step 3 of the framework.

*Original authorised by*

Cabinet Secretary