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Committee Secretary
Economics and Governance Committee
Parliament House
George Street
BRISBANE QLD 4000

Via email: egc@parliament.qld.gov.au

Dear Committee Secretary

Thank you for providing AMA Queensland with the opportunity to provide feedback on the *Debt Reduction and Savings Bill 2020 (*"the Bill"). AMA Queensland is the state's peak medical advocacy group, representing over 9,600 doctors across Queensland and throughout all levels of the health system.

AMA Queensland wishes to state at the outset we will only be commenting on the proposed technical amendments to the *Medicines and Poisons Act 2019 (*Medicines and Poisons Act 2019), namely:

i. Delegation of administrative power by the Chief Executive Officer (Section 238)
ii. Disposal of waste from diversion-risk medicines (Section 42)
iii. Tattoo Ink (Section 48A)
iv. Relevant practitioners required to check the monitored medicines database (Section 41)
v. Specifying information to be provided to the Chief Executive for the monitored Medicines database (Section 226)
vi. Extended practice authorities (Section 232 and 233)
vii. Supplying or administering medicines for Agents and carers (Section 51 - Clause 235).
viii. Authorisation of prescribed classes of persons (Section 54)

AMA Queensland is concerned that the technical amendments to the *Medicines and Poisons Act 2019* (Medicines and Poisons Act) have been included in the *Debt Reduction and Savings Bill 2020* as the technical amendments to the *Medicines and Poisons Act 2019* do not directly relate to debt reduction or cost savings.

AMA Queensland is unclear how the technical amendments, including splitting the regulations into three sections, improves the operations of the regulations.

Please see below our detailed responses to all of the technical amendments.

i. Delegation of administrative power (Section 238)

This section of the proposed amendments appears to be aimed at ensuring the interoperability of the monitored medicines database between the Commonwealth and State Governments. Importantly, AMA Queensland is concerned about outsourcing the monitoring responsibilities associated with the database to third parties. This provision seems to infer that Queensland Health will no longer be responsible for the monitoring of the database including the enforcement of penalties. Given the delay in the introduction of Real Time Reporting, due largely to the COVID-19 epidemic, AMA Queensland cannot see how outsourcing this essential task will strengthen the operation of the database.
AMA Queensland is less concerned about these changes impacting the rights and liberties of individuals, than it is with ensuring enforcement of measures should there be a breach (i.e. not checking the database before

prescribing a monitored medicine), particularly given the level of intentional and unintentional harm from (some) S4 and S8 medicines in Queensland.[1]

ii. Disposal of waste from a diversion-risk medicine (Section 42)

AMA Queensland agrees with the new amendments related to the disposal of waste from diversion-risk medicine and the expansion of the regulations to include all S8 medicines and some S4 medicines (for example, anabolic steroidal agents, growth hormones, codeine and barbiturates).

AMA Queensland believes monitored medicines are regularly diverted for illicit use in Queensland, and with 2.9 million prescriptions being written in Queensland for S8 medicines in 2019-2020 (MODDS), the chances of these medicines being diverted for illegal use is high. As this possibility represents a serious risk to public health and safety, we also support the penalty provisions associated with these amendments.

AMA Queensland supports the Return Unwanted Medicines' or RUM scheme which allows unwanted or expired medicines to be returned to any community pharmacy free of charge.

iii. Tattoo Ink (Section 48A)

AMA Queensland agrees with the introduction of a mandatory compliant analysis certificate for all tattoo inks in Queensland to help ensure that inks used in Queensland do not contain substances that could be harmful to a person's health.

AMA Queensland also agrees with this technical amendment, however it is unclear in the explanatory notes about the level of consultation the Queensland Government did with tattoo artists, manufacturers and suppliers of tattoo ink, particularly given that the majority of tattoo inks come from Europe. AMA Queensland would recommend a 6-month moratorium for tattoo artists before compliant analysis certificates become mandatory.

AMA Queensland agrees with the offence provisions associated with this section given that tattoo ink may contain substances harmful to health if used in tattooing and could cause serious harm or risk of infection.

Additionally, it will also be important for Queensland Health to communicate to the general public (once these technical amendments become law), that all tattoo parlours must have a compliant analysis certificate which states that all of their tattoo inks meet the Queensland regulations, and if a member of the public is going to get a tattoo, they should be able to sight the tattoo artist's compliant analysis certificate (in the same way they ask to see a builder's licence if they are getting work done on their place of residence), before the tattoo is provided.

iv. Relevant practitioners required to check the monitored medicines database (Section 41)

AMA Queensland agrees that this technical amendment clarifies which practitioners are required to check the monitored medicines database before prescribing a monitored medicine, however, we still have concerns about how practical this requirement will be for medical practitioners working in residential aged care facilities (RACF), medical practitioners working in accident and emergency or medical practitioners doing ward rounds in public and private hospitals.

AMA Queensland believes removal of the terms 'prescriber' and 'dispenser' in this section, replaced by 'relevant practitioner', is a practical step as it makes it clear that all relevant health practitioners need to check the monitored medicines before prescribing or dispensing a regulated medicine.

On page 32 of the explanatory notes, the Queensland Government writes, "…it is appropriate for the regulations to specify the practitioners required to check the database to keep this in line with any changes to the arrangements for prescribing, dispensing or giving treatment doses." This creates some concern for AMA

[1] Pennington Institute (2020) *Australia's Annual Overdose Report 2020* Melbourne, Victoria

Queensland as it seems to provide Queensland Health with the flexibility of changing the regulations to suit the government's policy of supporting task substitution where non-medical practitioners are provided with the authority to undertake tasks previously done by medical practitioners.

v. Specifying information to be provided to the Chief Executive for the monitored Medicines database (Section 226)

AMA Queensland agrees with this amendment.

vi. Extended practicing authority (Sections 232 and 233)

AMA Queensland agrees with this amendment except for the section which provides authority for a regulated substance to be carried out under direction or supervision such as allowing a pharmacy assistant to be authorised under the regulations to sell an S2 medicine if they do so under the direct supervision of a pharmacist.

AMA Queensland believes only approved providers should prescribe and/or dispense regulated substances should be involved in supplying or administering regulated substances.

vii. Supplying or administering medicines for Agents or carers (Section 51)

This amendment, which relates to agents or carers supplying or administering medicines is supported by AMA Queensland.

viii. Authorisation of prescribed classes of persons (Section 54)

This clause provides that a regulation may prescribe a class of persons authorised to carry out a regulated activity with a regulated substance and an extended practicing authority that applies to these class of persons, is supported by AMA Queensland.

However, we are seeking clarification from Queensland Health (with examples) about the circumstances which would allow a regulated substance to be provided under direction or supervision supported by extended practice authority from the appropriate head of power.

Thank you again for providing AMA Queensland with the opportunity to provide feedback on the *Debt Reduction and Savings Bill 2020* ("the Bill").

Yours sincerely

Prof Chris Perry
President
AMA Queensland

Dr Brett Dale
Chief Executive Officer
AMA Queensland